TO B! PITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death 150 4 may be retained by the hospital or attending physician.

You fundary Directors: After this certificate has been signed by the attending physician and completed filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please repowercarbon pages. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION O	262	RESEA	CERTIF	CORDS,	OF DE	ATH	TREET, B.	ALTIMOR	1423	rland 32
	rince Geor		MAR	LAND	e. STATE	Maryla Maryla		ed lived, If in b. COUNT		e Georges
write KURAL and	outsida corporate limi give nearest town) everly	15,	12 days	1	C CITY OR		leasen		RURAL and give	neerest town)
-	eorges Gen			ress	d. STREET A		9th St	•		a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Jai	mes	Middle T	A	dams.	4.	DATE OF DEATH	Month	Dey 20	Yeer 19 61.
5. SEX Male	6. COLOR OR RACE White	7. MARRII WIDOWI			30 Marc	h 1886	. las		FUNDER I YEAR Months Deys	Hours Min.
10s. USUAL OCCUPATION of working most of working most of working MONI	king life, even il retire	d) 10b. K	ind of Business o	un	11. BICPIPLACE X CLA 4. MOTHER'S	A QUA	Stele, or foreign	gn country)	12. CITIZEN	WHAT COUNTRY?
15. WAS DECEASED EVE			SOCIAL SECURITY N		ELI	ZA	TI	RNE	= 4	
PART I. DEATH	EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (e)		C9-18-14 line for (e), (b), and cinomatosi	85 (a).]	InmE	=.S C	- 14 (nms		TERVAL BETWEEN NSET AND DEATH
Conditions, if eny, geva risa to immedia (a), stating the un cause less.	ate cause	Car	cinoma of	the pr	rostate	gland				
	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEA	TH BUT NOT	RELATED TO TH	E TERMINAL	DISEASE CON	IDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURED. (inter nature of	injury in Pert	l or Pert II of i	tem 1B.)		
Y 20c. TIME OF INJUI Hour a.m.	RY Month, Day, Ye	ar 20d. While at wo			OF INJURY (H		20f. (City or I	own)	(County)	(Stete)
	nat (I) (this hospi									that (I) (we) last
22a, SIGNATURE 22c, PHYSICIAN'S NAME (Type)	idon h	K	ellen	M.D.	ATTENDING PHYS. 22d. ADDR	DIREC		HYS.		22b. DATE SIGNED
23a. BURIAL, CREMATION (Specify)	ON, 236. DATE THE	1961	23c. NAME OF	CEMETERY OR	CREMATORY TIES	ial 2	Su to	Gan &	n or county) e	(Stete)
24 FUNERAL DIRECTOR	s SIGNATURE	Co.	ADDRESS 517-11	ASY:	0 6	250, REC'D	_		STRAR'S SIGNA	

MARYLAND STATE DEPARTMENT OF HEALTH

The last and I was a second A Such Super State ---A THE STAND STANDS OF THE STANDS Belleve his is 194 termine Test of Section of William All Value (Fig. 2) and the second will be the second with the second will be the second will be the second with the second will be the second with the second will be the second will be

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND USUAL ASSIDENCE (Where deceased lived, If institutions Rasidance before edimission) I. PLACE OF DEAT a. COUNTY Page a. STATE Columbia District of files. b. CITY OR TOWN (if outside corporate limits, MARYLAND director. F c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Your Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street accress)

Extension of 86 th Avenue d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Nelson YES NO K 3001 State in pencil in Item 18. Give Pages 1, 2, and 3 to the fun 3. NAME OF First Middle DECEASED OF (Type or print) DEATH Alcorn 6th. . 19 61 December John Leo with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH age 5 may b 1 and 2 with 72 hours last birthdey) Months Male WIDO WED [DIVORCED June 58 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME District of Columbia U.S.A. it, File pages I event within Alcorn John Anna Downs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknown) | (If yes give we condetes of service) Office along with burial-transit permi Reginia A. Alcorn Same None A.S 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hemorrhage and shock and IMMEDIATE CAUSE (a) DUE TO removel, Gun shot wound of the head geve rise to immediate cause "pending" Examiner's (0) DUE TO (a), stating the underlying 98 6 cause last. used cremation_c PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremati I to the Chief Medical ICR: Page 3 should b NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY ST OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) County) fectory, street, office bldg., etc.) While Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X Inquiry death resulted from: Natural causes Suicide X Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER BUTTIEL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/6/**61** DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) BOYD Address (Street, city, town, or county) ODEP 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 9/80

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DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: e. COUNTY b. COUNTY Prince George's Maryland Prince George's MARVIAND by the and 2 death. b. CITY OR TOWN (if outside corporale limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) c. LENGTH OF STAY IN 15 Cheverly 2 Davs 5-Bladensburg ed i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 5416 Spring Road Prince George's General complete NAME OF DATE DECEASED OF (Type or print) DEATH Bell Anderson Viola December carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) and Female February 10a. USUAL OCCUPATION (Give kind of work physician OVE 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad) Housewife Washington D. C. Own Home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME please Guip Daniels Jane Wells 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] | (If yes give we ror deles of service) Viola B. Jarboe 5614 Quincy St. no none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c),) DEATH WAS CAUSED BY. PULMONARY EdeMA g physic IMMEDIATE CAUSE (e) burial-transit DUE TO ConoNANY Thrombosis Conditions, if eny, which (b) has been geve rise to immediate cause DUE TO (a), steting the underlying HYDERTENSIVE CARDIO VASCULAR I certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hospital 52 USB 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of itam 18.) the After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work el work may be retaine DIRECTOR: 1941 to Dec 27 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Dec 26 19. 61, and that death occurred at Lus M, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. director, page, 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Norman D. Comeau. M.D. 3503 Perry Street, Mt. Rainier, Maryland FUNE 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Suitland 12/30/61 Cedar Hill Burial

ADDRESS

MARYLAND STATE DEPARTMENT OF REALTH

14234 Residence before edmission)

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hyatts., Md.

INTERVAL BETWEEN ONSET AND DEATH

3hns

WAS AUTOPSY PERFORMED?

(Stele)

DATE

1961

(State)

Md.

YES NO -

December 27,

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hobes

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Months

0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

M) there are M) force propos restar MANAGEMENT TO THE TRANSPORT Mad Cartiellec V Procesure Cyre Louis HENTE PERMITANY FORMS STANDARD THEORY DIST. Hyprogram and Charles Charles By Maria all Maria the state of the state of the state of There was the second of the se . The Wallatt with a south of 2 1000

FOR STATE

HEALTH DEPT. TO DEF 7 MEDICAL EXAMINEN: This certificate should be executed within 24 fours after death. If any delay is secessary, please execute the sertificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fword director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refair. For your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of the Item. or its designated agent, prior to burial, cremation, or removal, and in any event within 72 mours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7 2 2 0 0		
PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Res	
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince	e George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)		
Hillside	30 Hillside	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
6206 L Street	6206 L Street	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED (Type or print)	OF DEATH TO THE OF	19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years HE UNDER 1 YE	/JUL
	April 24,1901 60 Vis. Months De	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	1.10	N OF WHAT COUNTRY?
done during most of working life, even If retired)		S.A.
Iron Worker Construction	14. MOTHER'S MAIDEN NAME	
John Washington Rounett		
John Washington Barrett 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Susan Virginia Florence	th_Avenue_
Man an armhumal (Managhamaradatanatamata)	Mrs. Martha Barrett, Capital	l Heights,
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneamon1a		ONSET AND DEATH
44 X DUE TO		
Conditions, if any, which (b)		
gave rise to immediate cause		
(e), steling the underlying course lest.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
		YES NO X
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter neture of injury in Part I or Pert II of item (6.)	
	ACE OF INJURY (Home, farm, 20f. (City or lown) (County clory, street, office bidg., etc.)) (State)
Hour a.m. While Not While p.m. 19 et work et work	ciory, sireer, office diag., etc.)	
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes 🔀. Accident 🔲. Sui	cide . Homicide . Undefermined manner	, ,
1 000	CHIEF MEDICAL EXAMINER	
SIGNATURE James I Jana	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (IVPO) James I. Boyd, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	2/29/61
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C		(State)
BULLAN JAN 2. 1962 ADDISON CH	IAPEL SEAT PLEASANT,	MO
W. W. Chamber Eo Riverda	CAME 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	
V	DATEJAN 4 '62 Onthun 8, 10	ined

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The law requires that the death certificate be executed within 24 hours after led in by the funeral ages 1 and 2 should TO HOTOGRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death.

4 may be retained by the hospital or attending physician.

TO FUNKALL DIRECTOR: After this certificate has been signed by the attending physician and complete. Then by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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	DIVISION			CERTIFIC	ORDS,	301 W. PRE	STON STR	ALTH EET, BALTIM	ORE 1, M	ARYLANI	•
		14266_{-}							142	36	
	L COUNTY Pri	nce George	S	MARYLA	ND 2.	a. STATE	D. C.	deceased lived, if b. COUR		sidance before	admission)
	write RURAL and	outside corporate limi give negrest town) Le (rural)	ts,	LENGTH OF STAY		c. CITY OR TOW		orporate limits, write	e RURAL and s	pive nearest to	vn)
			if not in hospit	tal, give street eddress)		d. STREET ADDRE				I at IS R	ESIDENCE
		le Hospita		, g				. Ave., N	. W., A		A FARM?
3.	NAME OF DECEASED (Type or print)		elton	Middle B.		enton	4. DAT OF DEA		2]	Day Yea	61
	Male Male	Megro	WIDOWED	Imad L		ATE OF BIRTH 9/15/18/92		9. AGE (In years last birthday) 69 yrs.	Months Da	The second second	24 HR5.
U	ne during most of wornknown (re	ON (Give kind of work king life, ayan if relire tired)	d) Pullma	of Business or IN an Company on Station	IDUSTRY	Ga.	County & State,	or foreign country)	USA	EN OF WHAT	OUNTRY?
13.	FATHER'S NAME				14	MOTHER'S MAIL	DEN NAME				
15	Coleman	Benton					da Cot				
		yes give war or dates of s	ervice)	001AL SECURITY NO.		ecedent		Address			
		ite cause		ioscleroti left heart			se wit	h cardion	negaly	unkno	
CERTIFICATION	generalia	zed atneros	cleros	RIBUTING TO DEATH B	c pye	lonephri	tis		EN IN PART I	PERFC	NO D
	206. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	RIBE HOW INJURY OC	CUKED. (Er	nier nature of injury	in Fart I or Fa	rt II of Ifem 18.)			
MEDICAL	20c. TIME OF INJUR Hour e.m. p.m.	Y Month, Day, Ye	While at work	_Not While		OF INJURY (Home, street, office bldg.,		City or town)	(County	1)	(Stete)
	21. I certify the	at (I) (this hospited alive on	al) attende 12/21	d the deceased f	that de	12/20 ath occured at	3061. 1	om the causes	, 196] and on the	c, that (i) (date state	we) last d above,
	223. SIGNATURE Was M.E					ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		4	SIGNED
	22c. PHYSICIAN'S NAME (Typa)			M. D.		22d. ADDRESS		nn Dale H			
230	REMOVAL (Specify)	28/6		23c. NAME OF CEME	TERY OR	CREMATORY	23d. LC	ckory		. C .	tate)
24	FUNERAL DIRECTOR	S SIGNATURE	14	ADDRESS	1 10	25a.	REC'D BY REC	GISTRAR 256. REG	Thun & H	/	

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Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If neithing Residence before admiss on) 1. PLACE OF DEATH is nec. a. COUNTY Prince George s
b. City or town (if outside corporate limits, MARYLAND Prince George !s c. CITY OR TOWN (If outside corporate tim is, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) 3302 Belleview Avenue d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital as street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cheverly Prince 3. NAME OF Hospital YES NO FF and 3 to the f. 4. DATE DECEASED the (Type or print) DEATH-Olin Bobb 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR) B. DATE OF BIRTH may 2 with last birthday) Months | Days Male WIDOWED TX DIVORCED [cert ficate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? F. F. done during most of working tife, even if retired) South Carolina pages 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. |
(Yes, no, or unkown) | (Ifyesgive war or dates of service) 17. INFORMANT Houzeal Address permit. Karl F. Bobb NO NONE NONE NONE Same as #2 Office along w burial-transit pa smoval, and in a INTÉRVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Fractured skull. (b) geve rise to Immediate cause ease Execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren (e), steting the underlying PART IL OTHER SEGNETICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18) PRIMARY OF CONTRIBUTING 20d INJURY OCCUPRED 200, PLACE OF INJURY (Home, form, 20f. (City or town, 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) Not While at work et worls Cheverly 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry XI. death resulted from: Natural causes Accident 🔽 . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MED CAL EXAM NER EXAMINER'S BOYD NAME (Type) OYD M.D. Addres Address (Street, city, lown, or county) please 4 shoul O FUN 22a, BURIAL, CREMATION 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 12/22/61 Burial Parklawn Rockville. Md. 23. FUNERAL DIRECTOR 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Francis Gasch's Sons Hyattsville, Maryland DAYDEC 26'61 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 4. 4 may be retained by the hospital or attending physician. TO FUNARAL DIRECTOR: After this certificate has been signed by the attending physician and complete fied in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cemation, or removative in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE WARYLAND
14969 CERTIFICATE OF DEATH

14600		
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: R	esidence before edmission)
Prince Georges MARYLAND	D. C. STATE	-
b. CITY OR TOWN (if autiside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
Glenn Dale (rural) 8 months and 9 days	Washington	1 · x
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sifeet eddress)	d. STREET ADDRESS	. IS RESIDENCE
Glenn Dale Hospital	2727 Adams Mill Rd.,N	W YES NO W
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer
(Type or print) Alice -	Bocsein OF DEATH 12	1 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	_
Female White WIDOWED TO DIVORCED	11/11/71 last birthday) Months C	Peys Hours Mn.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST		ZEN OF WHAT COUNTRY
done during most of working life, even if refired) Unemployed (unknown)	New York	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
Edward Bocsein	Ottillie Heinztlar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [Hyesgivewerordelesgiservice]	INFORMANT Address	
	Decedent	
18. CAUSE OF DEATH [Enler only one cause per sine for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary embolism		1 day
T 3 V DUE TO		
Conditions, if ony, which (b)Thrombophlebitis, le	eft leg	10 days
geve rise to immediate cause		,
cause lest. Generalized arterio	osclerosis	
PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1.01 19. WAS AUTOPSY
Chronic pyelonephritis: coronary athero chronic ulceration: mid-thigh amputation	osclerosis; hiatal hermia with	YES TO NO
Chronic pyelonephritis; coronary athere chronic ulceration; mid-thigh amoutation = 20% Accident was underlying = 1 20%. Describe How insury occurred or contributing = cause of Death = 0 (if Either, Notify medical examiner)	D. (Enter neture of injury in Pert I or Pert II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL/	ACE OF INJURY (Home, farm, 20f. (City or lown (Coun	iy) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL/ Hour e.m. While Not While fac	tory, street, office bldg., etc.)	
21. I certify that (1) (this hospital) attended the deceased from.	3/22/2 11860 to 12/1/ 196	1 that (I) (we) last
saw the deceased alive on12/1/19 61_, and the	t death occured atA.e.M., from the causes and on the	ne date stated above
22e SIGNATURE		226 DATE
Mar Wha	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12/1/1961
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospita	1
NAME (Type) Moe Weiss, M. D.	Glenn Dale, Md.	
233 AURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY		(State)
(no mation 12-5-61 Lee Col	matory Trashination	D.C
24 FUNEDAL DIRECTOR'S SIGNATURE ADDRESS /	258. REC'D BY REGISTRAR 256, REGISTRAR'S S	IGNATURE
Les Huneral Ilone Mashings	CIDATE EG 6 '61 Coming &	English
The state of the s		

VR A1S (4) 15M 7/61



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ess Fig CERTIFICATE OF DEATH cessedeter ory PLACE OF DEATH USUAL RESIDENCE (Where dacassed lived, if institutions Residence before edmission) a. COUNTY a. STATE b. COUNTY Prince Georges abse und atc MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 write RURAL and oive nearest town) months and Washington Glenn Dale (rural) 7 davs ologe IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS ON A FARM? Lill Eye St., YES NO THE Glenn Dale Hospital Det NAME OF Midd a 00 DECEASED ar. (Type or print) DEATH Bolden Atchie 70 0 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF LNDER 24 HRS. 8. DATE OF BRITH last birthday) Months rrent fiel ed,cl 8/30/22 WIDOWED & DIVORCED | Female Negro 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) .S.A. Meade, Md. Clerk Kentucky USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adeline Rickman Peter Justice
15. Was deceased ever N L.S. Armed Forces? | 16 Social Security NO. | 17. INFORMANT lower lower Addrass (Yes, no. or unknwn) (Ifvesqiya war or dates of servica) Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Septicemia due to staphylococcus aureus Unknown 000 Approximately DUE TO OHO (b) Staphylococcus aureus infection of pelvis 20 months Conditions, if any, which gava rise to immediate ceuse DUE TO (a), steting the underlying phy tris PART I OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 4:) 19. WAS AUTOPSY UNdifferentiated collagen vascular disease; cirrhosis of liver; subtotal performed? thyroidectomy, 1942 & 1960; secondary hypoparathyroidism; chronic pyelom ves x no staj eum 200 ACC DENT WAS UNDERLYING DOR CONTRIBUTING CAJSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I or Part if of tem 18.) Ge. (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg , alc.) While Not While al work at work 감당 21. I certify that (I) (this hospital) attended the deceased from 3/17./. 19.61 that (I) (we) last saw the deceased alive on 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS PHYS. 22d, ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss. M.D. Glenn Dale, Md. 400 director be filed phriti aphylos 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, GREMATION, 23b REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AIS (414-0145 D)

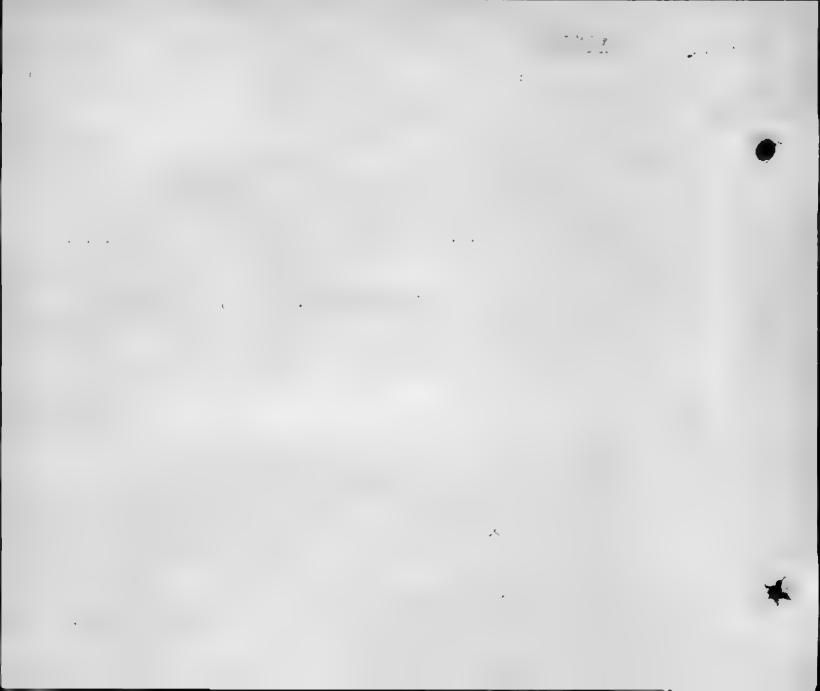
ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY b. counfrince George's Prince George's es. MERYLEND b. CITY OR TOWN (if oulside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate i m is, write RURAL and give neerest lown] write RURAL end give nearest town) Riverdale ll years Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMI Road 4512 Riverdale Road 4512 Riverdale YES TANO X 3. NAME OF DECEASED (Type or print) 1961 DEATH December MarcaurelleBowman hours afte 6. COLOR OR RACE 7. MARRIED SNEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. Jas Borthday) Months WIDOWED [DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S. Government Massacheusettes U.S pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3 Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Harold M. Bowman, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along ONSET AND DEATH IMMEDIATE CAUSE (6) HOUTE CARDIAC FAILURS r's Office s s a burial-tremoval, a (CROWARY HETERY THROMBOSIS gave rise to immediate cause **DUE TO** (e), steting the underlying SE ò cause lest. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0)1 19, WAS AUTOPSY 8 PERFORMED? YES K NO should 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert I. of Item 18) rded to the Chief Med ECTOR: Page 3 shou gent, prior to burial, o PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While el work el work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection [X]. Inquiry X and in my opinion death resulted from: Natural causes X, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 12/5/61 DEPUTY MEDICAL EXAMINER NAME (Type) Boyd James Address (Street city, town, or county) NAME OF CEMETERY OR CREMATORY. O



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission a. COUNTY o. STATE Md. b. COUNTY Prince Geo. MARYLAND haurs ofter death. uneral b. CITY OR TOWN (If outside corporate limits, write 9 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Forestville rorestvilde d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS 8001 Marion St. 8001 Marion St. NAME OF 4. DATE OF DEATH First Middle Month DECEASED S (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BRT" 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Male White Months WIDOWED | popers. DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? once Repairing S.C. gug 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William S. Bradley Martha Wheeler IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Minnie L. Bradley Same #2 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 50 × **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. ft. While Not while at wark at work p. m. 21. I certify that I attended the deceased from NOV 2, 1941, to Day 24, 1944, that I last saw the deceased ____, and that death occurred at 3.20 PM, from the causes and on the date stated above. ACTUAL SIGNATURE Boules NAME (Type) TO FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) aBod Dec. 1961 Bladensburg, t. Lincoln Cem.

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE Funeral Home 300-4th St. N.E.

ADDRESS

wash.

24a, REC'D BY REGISTRAR DATE DEC 2 7 '61

24b. REGISTRAR'S SIGNATURE Civiling S. Minus

e. IS RESIDENCE ON A FARMS

Day

Hours

INTERVAL BETWEEN ONSELAND DEATH

PERFORMED? YES NO

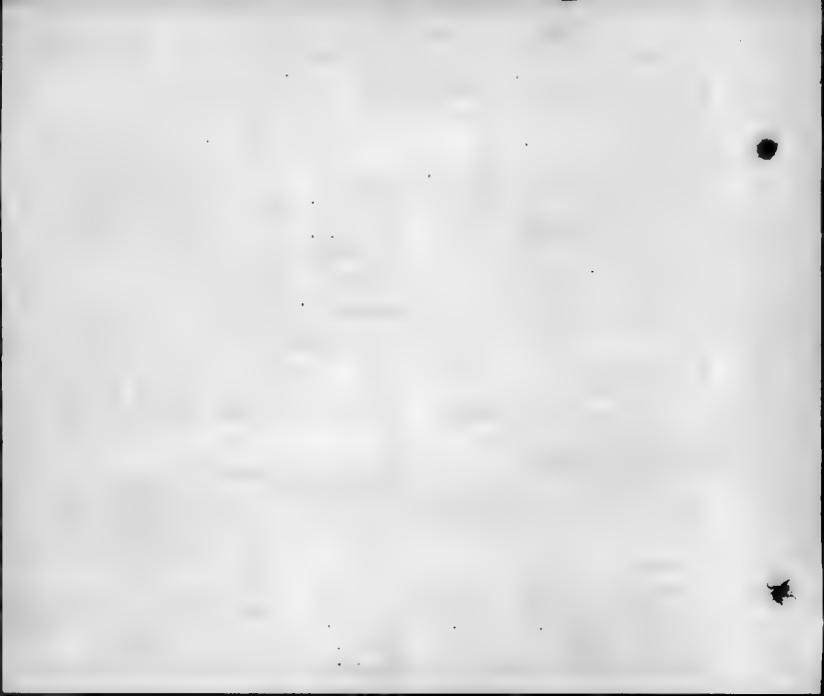
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(Stole)

YES NOT

Year

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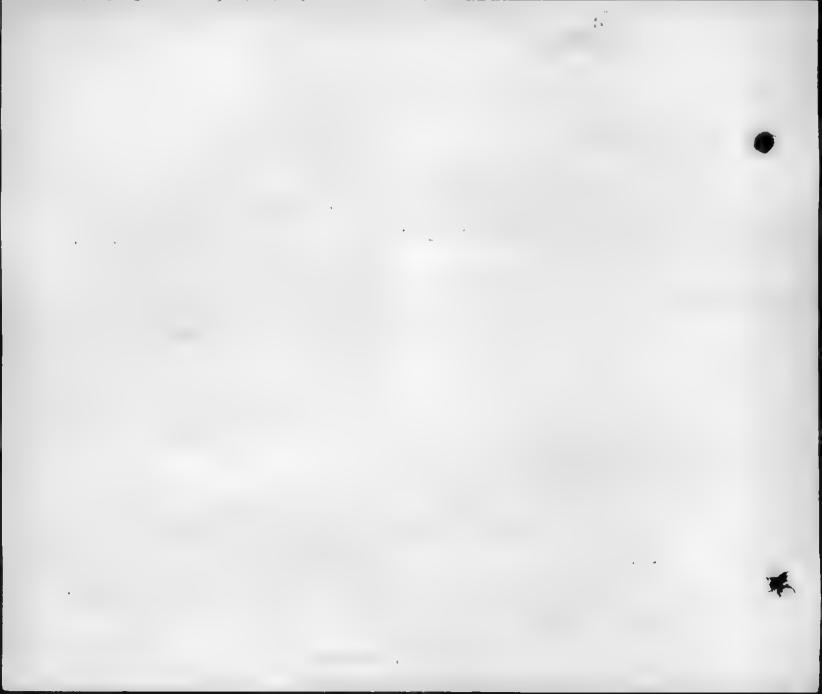


page 3 should be detached for use as the burial-tronsit permit. Then please remove carpacipapers. Pages 1 and thould be filled with the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death.						
Then please remove action on comparers. Then please remove action popers. Pand in ony event, within 72 hours after the condition on event, within 72 hours after the condition on the condition on the condition of the condition on the condition of the condition o	I DIPLOT SIL	an should be filed with		i'	1	トレンン
LO FUNEXAL SYNELOR: After finis certificate has been signed by the page 3 should be defacthed far use as the burial-tronsit permit. If the State Board of Health prior to burial, cremotian, or remayal, and		hen please remove carbon papers. Pages 1	nd in any event, within 72 hours after death.			
	C FUNERAL WIRECION: Affer Ints Certificate nos peen signed by in	page 3 should be detached far use as the burial-tronsit permit. The	the State Board of Health prior to burial, cremotian, or remayal, an			

TO HOSF P. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be to red by the haspital or attending physician.

VR A15 (4) 15M 9/59

Place of Death o. COUNTY Prince George MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Prince George						
b. CITY OR TOVE RURAL and g	c. CITY OR TO			ote limits, wr	ite RURAL o	nd give neare	ast town)					
3905 K	ospital i	If not in hospital, g	ive street o	address)		d. STREET AD	_	rk Ro	oad	1		IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)		Georg		Middle R.		Bra	gg	4. DATE OF DEATH	De	Month C.	19,	Year 19 61
5. SEX Male	6.	COLOR OR RACE White	7. MARRI	IED NEVER MARRIE		Nov. 19			9. AGE (In your lost birthd			Hours Min.
during most of Govern	PATION (working nent	Give kind of work life, even if retired	one Ur Bı	kinp of Business on the Comp. ureau - Vi	r INDUSTI	a Vi	CE (Stote d		ountry)	12,	U.S.	WHAT COUNTRY
13. FATHER'S NAM						14. MOTHER'S						
Richa	rd B	ragg				Burni	ie Fa	rrell				
15 WAS DECEASE Yes, no. or unknown)		U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17, INF	DRMANT				Address		
WW 1					Ha	rold E.	Supp	olee S	ame a	s #2(Broth-	er in la
Conditions, gove rise couse (o), ste lying couse	if ony, to imm	ediote (Due To	an	Luic	200	Hen	-or	c a	rfer	y g	lexa	-19.6 2l:
CATIC			DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION	I GIVEN IN I		WAS AJTOPSY PERFORMED? YES NO.
200 ACCIDEN OR CONTRIBU	IT WAS U ITING [] OTIFY MEI	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	(Enter noture of	injury in P	art I or Port	II of item 18)		
Hour o		Manth, Day, Ye	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (H ry, street, office	lome, form, bldg., etc.	20f (Cily	or town)		(County)	(Stote
saw the de	ceased	1) - /7 -) attend	ed the deceased 142_19_6_l and			a5 43	M, from	12-19			it (I) (we) las stated above
22c. PHYSICIA	029	Mag.	eng	72	M.	D. PHYS	DII	D. RECTOR 🗆	STAFF PHYS		12	22b. DATE SIGNED
NAME (T)	(pe) G	eorge J.				371	_	h Ave	. Cott	age C	ity, N	1d.
Burial, Crea Burial (Sp	AATION, ecify)	236 DATE THEREC		Ft. Lir		CREMATORY			10N (City, to nar M		ty)	(State) Md.
24, FUNERAL DIREC	CTOR'S SI	GNATURE		ADDRESS				BY REGIST			SIGNATURE	
Francis	Gas	chis Son	s I	Hvattsville	. Ma	ryland	DATOEC	2 6 '61	1	would it	Y. Mich	



Page Health, files. Boar State to the fr. be retair pages 1 within form | permit. Office along with for buriel-transit permit amovel, and in any e in Item 1 (O 35 Examiner Ծ used cremation, å the word Medical should Course the certificate, writing Chief should be forwarded to the Cl FUNERAL DIRECTOR: Pag designated agent, please 4 shoul O FUN DE VS. A15ME 5M 9/60

CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR OF DEATH Count hesidence (Where decessed I'ved, If institution: Residence before edmission) , PLACE OF DEATH e. COUNTY a. STATE **b.** COUNTY Prince George's MARYLAND MARYLAND PRINCE GEORGE'S b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street address) FAIRMONT HAHTS a. IS RESIDENCE ON A FARM? 610 8 Prince George's General Hospital YES NO X DATE DECEASED OF (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DEATH Brooks December 19 8. DATE OF SIRTH 9. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS. lest birthday) | Months | Days Hours WIDOWED . DIVORCED [Male 10b. KIND OF BUSINESS OR INDUSTRY! 11. B RTHPLACE/State or foreign country 10a. USUAL OCCUPATION (Give kind of work I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LABORER. WASHINGTON, D.C S. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVEN IN U.S. ARMED FORCES? ROOKS (Yes, no, or unkown) | (Ifyes givewer or detes of service) HARRY BROOKS, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, walch (b) gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 8) 19, WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection x. Inquiry | 30 and in my opinion Natural causes X death resulted from: Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [C] EXAMINER'S 12/29/61 Boyd, M.D. NAME (Type) James Address (Street, city, town, or county) 222 BURIA CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country)



FOR STATE Page State 2 wit permit. along burial 0 Examiner 88 nsed cremation, 2 plnods (7) the Chie 0 DIRECTOR: 9 should be for FUNERAL bluous DEP 408 YS. A15ME

5M 9/60

LARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH

I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) e. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporete limits, LENGTH OF STAY IN 16 c. CITY OR TOWN III outside comporate limits, write RURAL and give nearest town! write RURAL and give nearest town) d. NAME OF HOSPITAL OR HISTITUTION (ii) for in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO DE NAME OF Middle DECEASED (Type or print) DEATH 19 OR RACE 7. MARRIED 9. AGE (In years | IF UNDER) YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10m. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Hyesgivewerordetesofservice 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nigry in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While al work si work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & loquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED RESIDAN STREET NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22s. BURIAL, CREMATION. REMOVAL (Specify) 1/3/62 Burial Washington National Suitland Md 24m. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland MMN 2



		of statistical		LAND STATE RCH AND RECOR CERTIFICA		STON STREE		RE 1, MAR	YLAND 1245
1.	PLACE OF DEAT	н			17	DENCE (Where de			a bafore edmi
		Prince Ge	orges	MARYLAND	a, STATE	D. C.	b. COUNT	PH	
	b. CITY OR TOWN	(if outside corporate limited give nearest town)	its,	LENGTH OF STAY IN I	c. CITY OR TO	WN (It outside corp	orate limits, write f	URAL and give	neerast town
	Glenn D	ale (rural)		5 months & 29 days	9	Washing	ton	4	
	d NAME OF HOSP	ITAL OR INSTITUTION	if not in hospit	al, giva straat address)	d. STREET ADD	RESS		•	IS RESIGNATION A F
		ale Hospita	1			38 0. St	., S. W.		YES N
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	Hen		••	Butler	DEATH	1.2	21	19 6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9	. AGE (In years II		IF UNDER 24
	Male		WIDOWED		3/7/19	11	last birthday) j 50 yrs.	Months Days	Hours
10	a. USUAL OCCUPA	TION (Give kind of work	10b, KINI	D OF BUSINESS OR INDUS	TRY II. BIRTHPLACE	County & State, or	foreign country)	12. CITIZEN O	F WHAT CO
	Laborer		'	known	Marvla	nd		USA	
13	FATHER'S NAME			THE SHARE	14. MOTHER'S MA			ADV	
	James	Butler			Mary B	utler			
15	. WAS DECEASED E	VER IN U.S. ARMED FOR		CIAL SECURITY NO. 17	INFORMANT		Address		
1,,	No.	(1) Any Bran Matot Gold 2012	وليائيان	st known)	Decedent				
c :	18. CAUSÉ OF	DEATH Enter only one	causa par line	for (a), (b), and (c),]	200000000				ERYAL BETW
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carci	inoma_of_eso	phagus with	esonhago	-traches		SET AND DE
	150	DUE TO	fistu		Erwen Hear	ODOPINGO	01 001100		/ AMOUNT
	Conditions, if an	y, which (b)							
	gave rise to immed	diate cause		-	-				
	(a), sloting tha cause last.	undarlying							
Z.	PART II. OTHI	R SIGNIFICANT CONDI	TIONS CONTR	RIBLTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVEN	LIN PART I(e), I	. WAS AU
CARON	Cast	rostomy. 4/	63					,	PERFORI
E	20a ACCIDENT V	AS UNDERLY NG	2Db. DESCR	RE HOW INJURY OCCUP	ED. (Enter natura of inju	ry in Part I or Part I	l of tam 18 j	•	
CERTIFI		G CAUSE OF DEATH Y MEDICAL EXAMINER)							
3	20c. TIME OF INJ	URY Month, Day, Ye	er 20d. 1N.		LACE OF INJURY (Home		y or town)	County,	(5)
Q	Hour a.m.	10	Whila at work [Not While	actory, street, office bldg	., alc.)			
*		.,		d the deceased from	6/22/	0 1067 10	12/21	/ 1067 H	ant (I) /w
		ised alive on							* * * * *
	22a SIGNATURE	ised alive on	164.671	1961., and th	iai dealli occureo	91 M 11.011	I Illa cansas a		22b.
		MANG 1	Men.		ATTENDING_PHYS.	MED.	STAFF PHYS.	12	/21/1
	22c. PHYSICIAN'S	0001	AND		M.D PHYS	JE.	ale Hosp		//
	NAME (Type	Moe Weis	s, M. 1	D.			~		
23	B. BURIAL, CREMAT	NON, 236 DATE THE	REOF 12	23c. MAME OF CEMETER	Y OR CREMATORY	23d. LOC)ale, Mar	or county)	(Siet
1	REMOVAL (Specify	12-21	- 61 0	Thursh 1	Pariette	Ave	m / 1/1	11	Sn
24	FUNERAL DIRECTO	R'S SIGNATURE	<u> </u>	ADDRESS	1 250	. REC'D BY REGIS	TRAR 256, REGI	STRAR'S SIGNAT	URE
	May 7 0	4	3015	-12 TASK A	I. DC DA	DEC 2 7 '61	Ct	117 9 This	
	#1 (1 / M) 1 / M								

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STREET, BALTIMORE 1, MARYLAND **OF** funeral Items 8 & 9 Film G304 PLACE OF DE 2. USUAL RESIDENCE (Where deceased I ved. If 'nstitution, Residence before admission) b. COUNTY e. STATE the Z b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town) ò write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO K 3. NAME OF DECEASED complei OF 19 6/ 9. AGE (In yours) IF UNDER 1 YEAR IF UNDER 24 HRS. OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH and last birthday) Months Days Hours 1871 WIDOWED DIVORCED YCS. physician 940 8 10b KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, . foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 /F 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 88 (Yes, no unkown) | (Ifyes give war or datas of service ib. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CACHEXIA IMMEDIATE CAUSE (a) **DUE TO** GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18.) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 1200 1961, that (1) (last 21. certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on. 22a. SIGNATURE ATTENDING 22c PHYSICIAN S LOCATION (City, lown or county) (State) BURIAL, CREMATION. 23c. 0 REGISTRAK 256. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S VR A15 (4) DATE DEC 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

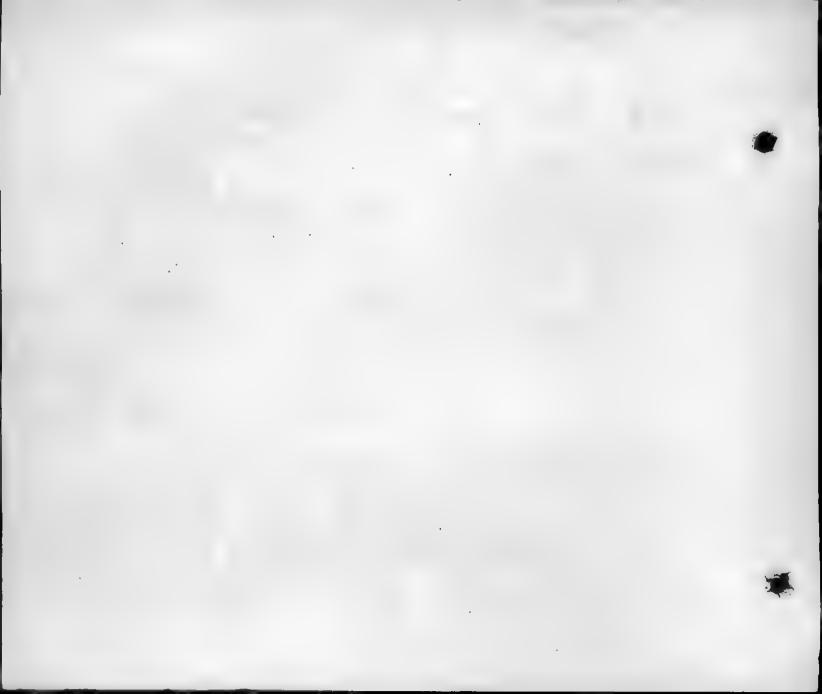


VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14277

14247

1	PLACE OF DEATH O, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
	Prince Creary 5 MARYLAND	o. STATE Maryland b. COUNTY Prince Grove S
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	College, Park June 2, 1961	X College Part
	d. NAME OF HOSPITAL (If not in hospital, give street godress)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	9108 Brake Place ON A FARM?
3	NAME OF DECEASED First LA D Middle	Lost 4. DATE Month Day Year
	(Type or print) AY MAKOLD	CARNS OF DEATH 12: 19 1961
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years F UNDER I YEAR IF UNDER 24 HRS I UND
L	male white widowed DIVORCED	June 1, 1007 11 yrs.
- [1	No. USUAL OCCUPATION (Give kind of work done during most of working life/even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	carpenter	Jowa 1134
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	" Kellert Clirks	Elda disterbanger
	(es. no or unknown) (if yes, give wor or dates of service)	NEORMANT Address DC () ()
	ho 482-10-7063 7	Tarry Cours 7/08 Drake 12, Walac 12.4
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAC BETWEEN ONSET AND DEATH.
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Price & Smooth;
	446 X DUE TO	
	Conditions, if any, which) (b)	rogelerogy makerown
	gove rise to immediate couse (a), stating the under-	1 - t 1 0 (10 10 10
, ,	lying couse lost. (c) (7Cherallis	(of artenoscienos) Tylans
MOLTA CIBITABLE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO [
i i	20a, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Port II of item 1B.)
400	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f (City or town) (County) (State) octory, street, office bldg , etc.)
1 2	p. m. 19 of work of work	
	21. I certify that (I) (this haspital) attended the deceased from	6-5, 186/ . to 19-19, 196/, that (1) (mo) lost
		death occurred at A M, from the couses and on the date stated above.
	22a SIGNATURE	ATTENDING MED STAFF SIGNED
	cia meg, 11	M.D. PHYS DIRECTOR PHYS D
	22c. PHYSICIAN'S NAME (Type) EIAID MI	22d ADDRESS, Black T. C'C. C. 11
L	E'140 1.14.12-1	418 Millieriffy With Lightly pring hill
5	SO BUR AL' CREMATION 236 DATE THEREOF 128 NAME OF CEMETERY	OR CREMATORY 230 LOCATION (City, town) or county) (5/010)
	there is a man of the procedure for	ert- Mohimand Ideaparina
2	FUNERAL DIRECTOR'S SIGNATURE	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE.
	Minus Macret 124 XXXXXX	LE DATE C 21 '61 Calus & Kinss



1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
- 50			14278 Stanlet & 1010 all of Little 35 8 486	14248
affe	7	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	Res'danca before admission)
hours y the find 2 s leath.			b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Worlds de corporate limits, write RURAL and give nearest fown)	PG d give naarest town}
Ihin 24	77		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sired address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
etel		3.	Prince George General Hospital Box 148 Rt 1 Contee	Pay Year
mek pap			(Typa or print) Louise Castle DEATH 12/20/61_	19
and co		5,	Female 6. COLOR OR RACE 7. MARRIED	
icate cian eve				IZEN OF WHAT COUNTRY?
physic physic	7		HOUSEWIFE At Home Baltimore Md	U.S.14
death	`		Joseph Thomas Maggie Jackson	-
the atter			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address s, no, or unknown), (Ifyes give war or dates of service)	- 20
hat the the		1	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c)	I INTERVAL BETWEEN
uires t ysician ed by permi			PART I. DEATH WAS CAUSED BY. Hyocardial Fibrosis	I year
red phy phy signe signe fion			420.1 DUE TO	
ding ding sen :			Conditions, if any, which (b) Myocardial Infarction, recent	_
The stren is be burished al, ci	7		(a), stating the undarlying DUE TO	years
N: or a or a the l	X	z	causa last. (c) Hypertensive Coronary Arteriosclerotic Ht. Disease PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(1(a) 19, WAS AUTOPSY
orfal fireal as as to		CATION	Cerebral Arteriosclerosis, severe	PERFORMED?
PHYSICAL PHYSICAL PROPERTY IN PRIOR		CERTIFIC	20a ACCIDENT WAS UNDERLYING LI 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part I or Part I of Iem 18) OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Affer It Affer It Affer It Affer It Affer It Affer It		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (Country a.m., 4 work st work	inty) (State)
ENI tain OR: o de o de		2) (ii.	61, that (I) (we) last
CCTC CCTC Ed b			saw the deceased alive on 12/20 1961, and that death occurred at 20 PM from the causes and on	
IRE IRE thou Stafe	!		22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
P 2 3 9 9 0 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	1		M.D. PHYS. DIRECTOR PHYS.	
EAS.	i		22d. ADDRESS 6124 41st Avenue, Hyattsvill	le, Md.
HOS Jah. FUN ector filed		231	a. MIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country REMOVAL (Specify)	(Stata)
ဝန္က ဝန္က စ			12-24-01 Guelns Chassel Munion 11	argume
VR A15 (4) 15M 9/60		24	FUNERAL DIRECTOR'S SIGNATURE for Sun 4925 Neome Only 250 REC'D BY REGISTRAR 256. REG. STRAR'S	SIGNATURE
tom spoo		<u> </u>	n E	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) e. COUNTY Prince Georges b. CITY OR TOWN (if ourside corporate I mils, MARYLAND Marvland c. CITY OR TOWN (If outs do corporete limits, write RURAL end give necrest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Huntaville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital Street YES NON NAME OF 4. DATE DECEASED OF the (Type or print) JOY DEATH 19 61 December 7. MARRIED NEVER MARRIED 18. DATE OF B.RTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 6. COLOR OR RACE lest birthdey) Manths May 15. Colored WIDOWED [DIVORCED T Female Da. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant Infant Marvland U.S.A. PM3. Pa a pages 1 within 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerome Elwood Chase Alfreda Elizabeth Marrod 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. Street (Yes, no, or unkown) | (If yes give we ror dates of service) Mrs. Alfreda E.CHASE. No None None Huntsville, Md. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), e along wal-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: " in pencil i Office alor burial-trans Pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b} geve rise to immediate cause O 10 DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? should be rial, cremative NO X Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20d, INJURY OCCURRED; 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Steta) E. (cate, the C. fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry by and in my opinion Natural causes Suicide death resulted from: Accident Homicide | Undetermined manner DEP. MEDICA Slease exocute the cert I should be forwarded PUNERAL DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MED CAL EXAMINER TX 12/27/61 EXAMINER'S JAMES NAME (Type) BOYD Address (Street, city, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BORIAN, CREMATION, 226. DATE THEREOF (State) 240 g 24e, REC'D BY-REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 9,60



d in by the funeral OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effer TO HOSF ALL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed death. If the may be retained by the hospital or attending physician. I O FUNEALL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospitals.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYDAN 14280

CERTIFICATE OF DEATH

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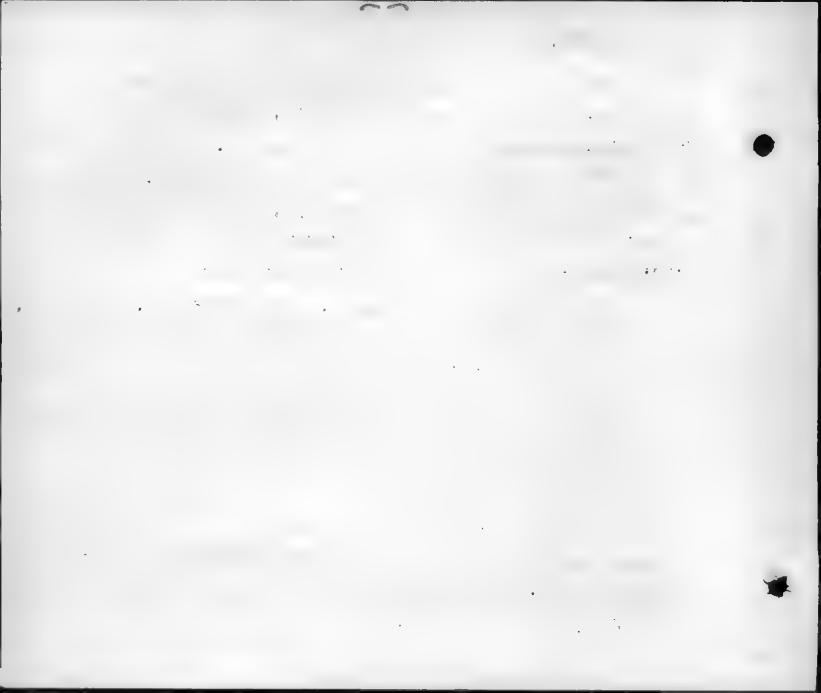
ı	1. PLACE OF DEATH 2. COUNTY 2. USTAL/RESIDENCE (Where deceased lived, if institutions Residence before edmission)
1	Prince Georges. MARYLAND MARYLAND MARYLAND Prince Georges
ľ	b. CITY OR TOWN (flouriside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (flouriside corporate limits, write RURAL and give nearest town)
	Cheverly 8 days 7 Beltsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g va stree, eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	PrinceGeorges General Hospital 11012 Montgomery Rd.
П	3. NAME OF First Middle Last 4. DATE Month Day Year OF
4	(Type or print) James Rebert Cocker Death Dec. 31 19 61
	5. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years . UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Male White Widowsb Divorced 15 Nov . 1883 8878 1
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY?
	Byyen Clerk, None Mapt Store Washington, U. C. USA
1	13. FATHER'S NAME
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT
	(Yes, no, or unkawn) (ffyesgive war or deles of service) 577, 01-3081 Frances P. Friedrichs 801 Bayluly A.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO PART I. DEATH WAS CAUSED BY. ONSET AND DEATH
1	Conditions, if any, which) (b) suite poyelones the first
1	South 1130 to this to the TO
1	(a), stating the underlying cause last,
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 19. WAS AUTOPSY
	PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BJT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Item 18.] COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 1	
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While tectory, street, office bldg., etc.)
1	
1	21. I certify that (I) (this has gital lattended the deceased from
١	saw the deceased alive on
1	ATTENDING MED. STAFF
	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	VENTAME TYPOM GRASSGREEN, U.D. MT KAINIER, MD.
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (C ty, town of county) (State)
	Burial 1-3-1962 Cedas Hell Com. Sulland Murylund
	24 FUNERAL DIRECTOR'S SIGNATURE & PRODUCTION & SIGNATURE 256. REGISTRAR & SIGNATURE 14N 4 162 CONTROL & PRODUCTION & PRODU
	DATE JAN 4 '02 CANANT 2. 102



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14281 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Filed o COUNTY g. STATE b. COUNTY MARYLAND Prince George Marvland Prince George ionerol b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and give negrest town) shauld Camp Springs Naryland 1
d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Oxon Hill Maryland e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T USAF Hospital Andrews AFB 4417 Ferndale Pl 3. NAME OF 4. DATE First Middle Lost Month Day Year filled PERSONAL (Type or print) DEATH ESTHER BARRETT COX 1961 December IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours WIDOWED [7] DIVORCED [Female February 5. cample papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) deo pup Housewife Virginia. UDG LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL 造 Wilbiam Lee Garrett Olive Francis Baldwin томе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 4417 Ferndale Pl. Oxon Hill, Md. Yes 1943 to 1944 None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH eterus win Ď. PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** metastises à Conditions, if ony, which 8 gave rise to immediate per DUE TO Ē couse (a), slating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) o. m. While Nat while at wark 🗍 of wark p. m. 196/that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 13 AM, from the couses and on the date stated above. DIRECTOR: **DATE SIGNED** ADDRESS (Street, city or town, state) ACTUAL SIGNATURE USAF Hospital Andrews AFB 24 Dec 1961 PHYSICIAN'S James M. Finneran NAME (Type) FUNER! ന 22b. DATE THEREOF 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, tow) for county) (State) REMOVAE (Specify) 0 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 1. 1 th 11 VS A15 (4) 15M 9/5B

24 hours

attendin



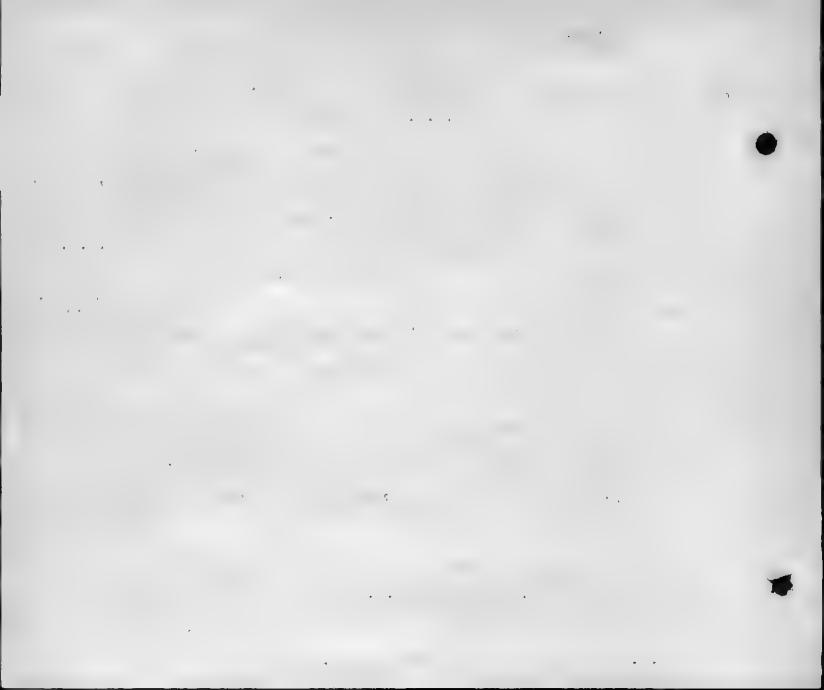
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution) Residence before admission) e. COUNTY necessary, actor Page your files. rd of Health, a. STATE b. COUNTY Prince Georges County

b. CITY OR TOWN (f outside corporate limits, MARYLAND MASS MIGGLESCY

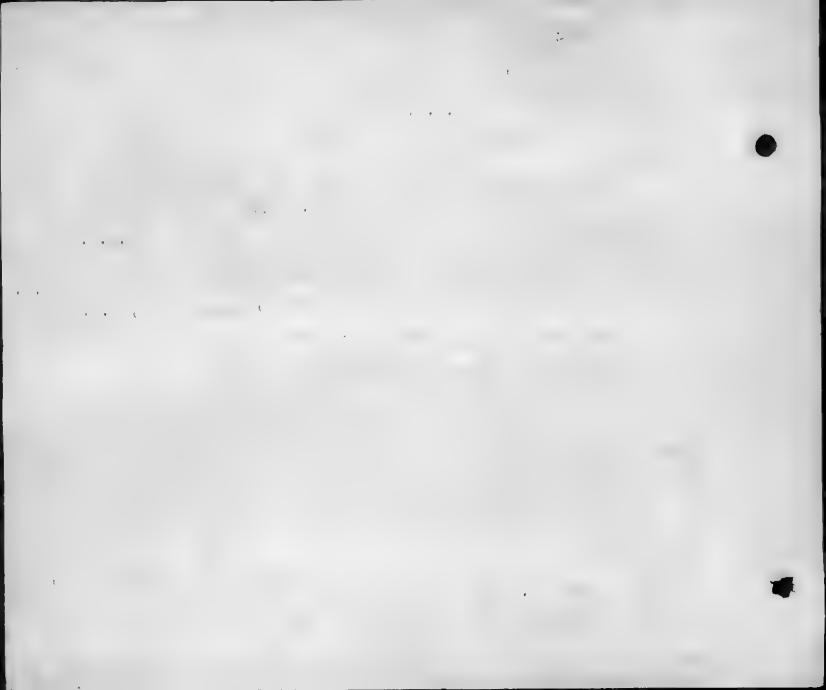
c. CHY OR TOWN (if outside corporate limits, write RURAL and give rearest lown) LENGTH OF STAY IN 16 director write RURAL and give neerast town) Cheverly D. O. A. NAME OF HOSP TAL OR INSTITUTION (if not in hosp ta, give streat address) Lyrinfield
d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital Crescent A. DATE 68 YES NO TO 3. NAME OF Middle Month Year DECEASED OF (Type or print) DEATH 1961. CROOKER December MILDRED 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 m. and 2 w last birthday) Months WIDOWED 図 IDOWED DIVORCED Sept. 2 1692 60 Female 69 yrs. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages Maine U.S.A. At Home House Work pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18, Give Helen Wight Alvin Scribner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT form Address (Yes, no, or unknwh) [(If yes give war or dates of service) -05-4100 Margaret Caldwell Office along with burial-transit permi Concord 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),] Cutomatile Calleson ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gove rise to immediate couse S D DUE TO (a), stating the underlying cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION Medical Ex should be u **PERFORMED** the word NO plnous 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20%. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part or Part II of item 18.) Tomobile Calletian Rt 3 and 20d. NIJRY OCCURRED 20d. PLACE OF INJURY (Home, farm, 201 (City or town, Rts and Ke Month Day Year - 5/127/61 factory, street, aff ce bldg., etc.] OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion death resulted from Accident / Suicide Hom cide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER cute the should be forward. FUNERAL DIS SIGNATURE PORPOT OF THE MALLE ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S PAUL C. VAN NATTA, M.D. NAME (Type) Address (Streat, city, town, or county) DEF 226, BURIAL, CREMAT ON, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 240 p Burial
23. FUNERAL DIRECTOR Chapman Cemetery Gilead, 246. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE VS. AISME W.W. CHAMBERS COMPANY, Riverdale, Md. DATE CEC 11'31 C Jul S. Trans 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence berefore decessed) e. COUNTY b. COUNTY Prince George's Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town). Cheverly Vista d. NAME OF HOSPITAL OR INSTITUTION (finet in hospital, give street address) d. STREET ADDRESS JS RESIDENCE ON A FARMZ Route George's General # Hospital YES NO P 3. NAME OF 4. DATE DECEASED December (Type or print) Francis Cross DEATH Beaco 6. COLOR OR RACE TO MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) May 26. Male Colored WIDOWED DIVORCED T 10a. USUAL OCCUPATION (G.ve kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY ! 11. BIRTHPLACE (Slete or oreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Tile aetting Skilled. laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amandar Windear Walter Cross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC.AL SECURITY NO. 17 INFORMANT 1415 Hervard Street N.W. (Yes, no. or unkown) (If yes give we rordetes of service) Amanda Mason , Washington .C. 18. CAUSE OF DEATH [Enter only one cause per line for ,e), (b), end (c),] ONSET AND DEATH Acute congestive heart failure IMMEDIATE CAUSE (a) Cardiovascular renal disease Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTORSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 2Dd INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm, 201 (City or town) 70c TIME OF INJURY (County) fectory, street, office bldg., etc.) at work el work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Natural causes 😿 Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE December 11.1961 Boyd ames NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY P40 9 DATE ACCE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4284 MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution Residence before edmission) director. Page for your files. e. COUNTY a. STATE b. COUNTY Prince George's Maryland MERVIAND Montgomery b. CITY OR TOWN (if outside corporete I mits, E. LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Write RURAL end give neerest town) Cheverly Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Prince George's General Merrimack 1004 Hospital 3. NAME OF Last DATE 4 Month 3 tim the fu DECEASED OF 4 (Type or print) DEATH 19 Francis December 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. f within 24 hours after deal of S. Give Pages 1, 2, and 3 h form PM3. Page 5 may mit. File pages 1 and 2 within 72 hours as last birthday) Months Deys Hours Min. Male White WIDOWED TO DIVORCED Oct 78 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Factory Inspector
13. FATHER'S NAME Comnecticutx 14, MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (Ifyesgive weror detecofservice) No Office along with Althea D. Molitor same as This certificate should be executed in manch in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN .= burial-fransit ONSET AND DEATH and Acute_congestive heart failure IMMEDIATE CAUSE (e) r's Office s s a burial-ti removal, s DUE TO Cardiovascular renal disease Conditions, if any, which (b) gave rise to immediate cause DUE TO tute the certificate, writing the word "pending forwarded to the Chief Medical Examiner' AL DIRECTOR: Page 3 should be used as grated agent, prior to burial, cremation, or n (e), stating the underlying cause lest. PART I. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, e) 19. WAS AUTOFSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Jem 18.) PRIMARY IT or CONTRIBUTING IT MEDICAL EXAMINER: CAUSE OF DEATH. 1 20d. NJURY OCCURRED , 20e, FLACE OF INJURY (Home, Jerm, , 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (Stota) fectory, street, office bldg., etc.) Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undeterm ned manner CHIEF MEDICAL EXAM NER should be forware PUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE _ EXAMINER'S pluods NAME Type) /JAMES M. D. Add Address (Street city, town, or county). DE 226, BURIAL, CREMATION. 22b DATE THEREOF 22d. LOCAT ON (City, lown, or country) REMOVAL (Specify) PORESTUILLE <u>0409</u> FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



1 1	It 18 a e 1, MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 4285
r. Page files Health,	e. STATE Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY .N 1b
irecto or your	Bladensberg Transient Mount Rainier d. NAME OF HOSP.TAL OR INSTITUTION (If not in hosp ta, give stream address) d. STREET ADDRESS j. IS RESIDENCE
fur definition of the same and	In a wooded area near Peace Cross 3417 Eastern Avenue
Har the Street	OF OF OPERATED OF DEATH December 16 1961
meath.	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DECEMber 17, 1920 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. White WIDOWED DIVORCED NICE NO. 1920 Months Days Hours Min.
\$ 200 pt	108. USJAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CIT.ZEN OF WHAT COUNTRY?
f cours	Truck Driver Trucking Mitchelville, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A.
iii 24	Franklin Turner Davis May S. Neff
w.th 18. I 18. I 19. I 19. I	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (lifyesg'vewerordelessofservice) 579-14-6756 Mrs.Roaa M. Curtin, Ave.Mt.Rainier,Md
wiff wiff perr	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
il in fong	PART I. DEATH WAS CAUSED BY. INTERPRETATION ONSET AND DEATH
l bence a ce a lal-fr	DUE TO
in in on offi	Conditions, if eny, which (b) Alcoholism
ding ding ner's as a	(e), sleting the underlying DUE TO
tifica (amii on, o	
ord ord	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES XX NO 1
This This This This The W	The state of the s
KAMIN Writing Page 3 or to bu	20c. TIME OF INJURY Month, Day, Year And Month, Day, Year Hour e.m. While Not While at work at work at work
C EX	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
CAI ded ded ECT lent,	death resulted from. Natural causes
the crimar rwar d ag	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINED DETE SIGNED
M. Le for to the formatte ignate	SEGNATURE DEPUTY MEDICAL EXAM NER IN DECEmber 16 1061
A SEE SE	NAME (Type) James I. Boyd Address (Street, city, town, or county)
Base e E E E E E E E E E E E E E E E E E E	228, BJR AL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 4 5 p	Burial 12/19/61 Ft. Lincoln Colmar Manor, Md.
VS. AISME	Francis Gasch's Sons Hyattsville, Md. 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DAT DEC 21 '61



VR A15 (4)

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) · COUNTY **b** COUNTY Prince George's Maryland Pr. George 's MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Forestville. Maryland d. NAME OF HOSPITAL (If not in/hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Prince George's Hospital ON A FARM? 5810-Ritchie Road SE. YES NO NAME OF Middle Lost Month Day Yeor DECEASED 1961 4th Dec. ARTHUR DAY DEATH [Type or print] IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (in years 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthday) Months Doys Hours June 10th 1881 Male White WIDOWED DIVORCED [100 USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA D.C. Gov. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LAE George Leeanna Moore Day 17, INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Katherine V. Auth 4355- Brooks Dr. SE. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per]line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Candilions, ff any, which gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. CONDIT ON G.VEN IN PART I (6) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.)

20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED

Not while

at wark at wark p. m. 21 I certify that (I) (this hospital) attended the deceased from

factory, street, office bldg, etc.

saw the deceased alive and 19.61, and that death accurred a mark. from the causes and on the date stated above 220 SIGNATURE SIGNED

ATTENDING PHYS M.D DIRECTOR -22d ADDRESS 22¢ PHYSICIAN'S 7200-MAKLBORD

23b DATE THEREOF BURIAL CREMATION. 23c NAME OF CEMETERY 23d LO€ATiON (City, town, or county)

REMOVAL (Specify)

While

Hour o. m

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Custom & Trans

YES 🗍 NO 🔼

(Stote)

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W . PRESTON STREET, BALTIMORE 1, MARYLAND RESIDENCE (Where decessed ved, il institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY Prince George's Prince George's MARYLAND b CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Days Cheverly Washington 28, D. C. within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince George's General YES NO 5134 Forrestville papers in 72 ho executed completel 3. NAME OF 4. DATE Middie Year DECEASED OF (Type or print) DEATH 19 67 Martha Densmore December and cor 6. COLOR OR RACE 7. MARRIED NEVER 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX XRIED lest b hday) Months Hours November 26, Female WIDOWED YY physician 10a. USUAL OCCUPATION (Give kind of work ove SINESS OR INDUSTRY 11. BIRTHPLACE (County & State. 12. CITIZEN OF WH COUNTRY TOb. KIND C done during most of working life, even it retired) U.S.A. Maryland 13. FATHER'S NAME 1 14, MOTHER'S MAIDEN NAME Mary Stevenson Thomas Clise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) [llyes givawar or dates of service] 18. CAUSE OF DEATH [Enter only one causa per une for (e), (b), and (c,.) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stefing the underlying causa lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY PERFORMED? NO 4 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 201 (City or fown) (County) (State) factory, street, office bldg , etc.) While Not While Hour am. al work at work 21. I certify that (i) (this hospital) attended the deceased from December 19, 1961 to December 2619.61, that (i) (we) last saw the deceased alive on December ... 26, 19.61, and that death occured at 7,55M, from the causes and on the date stated above. 22b. DATE 22s. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. --December 26, 22c PHYS CIAN S 22d. ADDRESS FUNERA NAME (Type) Gordon W. Kelley. List Avenue, Hyattsville, Maryland death. 23d, LOCATION (City, town or county) (State) 23a. BUR AL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OF CREMATORY REMOVAL [Specify] နိုင်္ခနိုင်္ခ 25a. REC'D BY GISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS. FUNERAL DIRECTORS VR A15 (4) 15M 9/60



TO HOLPITAL OF ATTENDING PHYSICIAM: The law requires that the leath certificate be recuted within 24 hours after death.

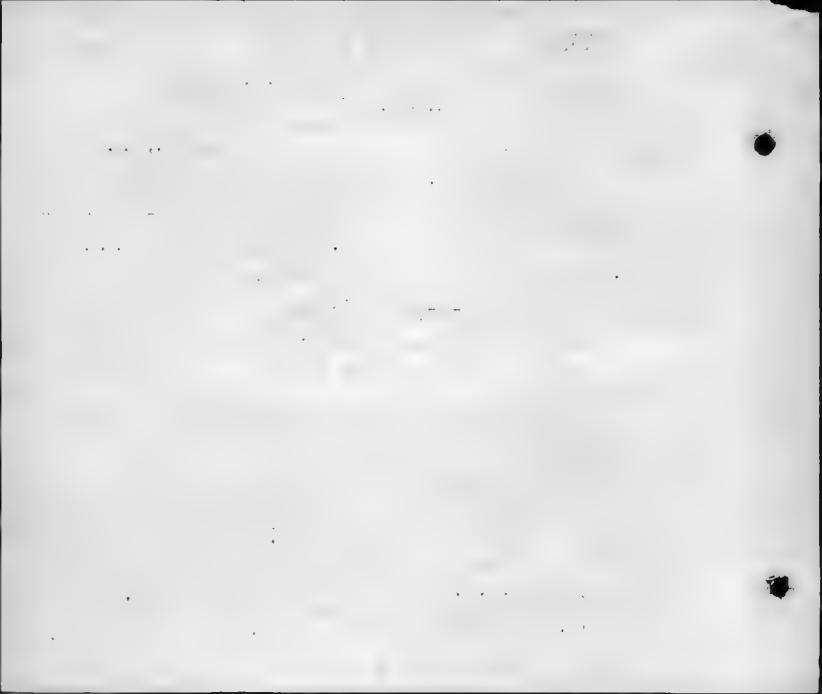
4 may be retained by the hospital or attending physician.

TO FUNDALL DIRECTOR. After this certificate has been signed by the attending physician and completely ded in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61 10

	MARVEAND ST	ATE DEPART	MENT OF	HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301 V	V. PRESTON	STREET, B	ALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL	CERT	IFICATE OF	DEATH			4400

V	<u> </u>	2222		CERTIFICA	IE OF DE	AIH		14	258
	1. PLACE OF DEATH				2. USUAL RES	SIDENCE (Where	deceased hved, if inst	itution: Residence	before edm ssjon)
4	Pri	nce George	S	MARYLAND	a, STATE	D. C.	b. COUNTY		→
	b. CITY OR TOWN (II	oulside corporele lim	its, cL	ENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside cor	porate limits, write Ri	JRAL and give ne	erest fown)
	Glenn Dale	(rural)	1	& 15 days		Washin	eton	:4 :	
	d. NAME OF HOSPITA	L OR INSTITUTION	(if not in hospital, i		d. STREET AD		B	- 1	. IS RESIDENCE
	Glenn	Dale Hosp	ital			241 V	alley Ave.	S.E.	YES NO F
V	3. NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Day	Yeer
	(Type or print)		Edna	0.	Dickinson	OF	H 12	28	19 61
1	5. SEX	6. COLOR OR RACE	7. MARRIED		. DATE OF BIRTH	·	9. AGE (In years IF	UNDER I YEAR	F UNDER 24 HRS.
	Female	White	WIDOWED X	DIVORCED	3/23	/1880	lest birthdey) M	onths Deys	Hours Min
1	10a. USUAL OCCUPATION done during most of work	ON (Give kind of wor	k 10b. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	County & State, o	r foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	Seamstress	and life' asou it leille		nown	Va.			U.S.A	١.
	13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME		24047	
	Henry A.	Sanford			Edm	onia Wyat	t		
	15. WAS DECEASED EVE (Yes, no, or unknown) (if	R IN U.S. ARMED FOR	RCES? 16. SOCIA	AL SECURITY NO. 17.	INFORMANT		Address		
	No			9-07-5522	Decede	nt			
	IB. CAUSE OF DE	ATH Enter only on	e cause per line for	(a), (b), and (c)					EVAL BETWEEN
		WAS CAUSED BY: MMEDIATE CAUSE (0)	Acute	myocardial .	infarctio	n			day
Ì	1 7-7.)	DUE TO							
	Conditions, if any,	101	Arteri	osclerotic	heart dis	ease		Uı	nknown
		geverise to immediate cause (e), stating the underlying DUETO							
	cause last,) (c)							_
	PART II. OTHER	SIGNIFICANT COND	IT ONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(e) 19.	WAS AUTOPSY PERFORMED?
	3 Pulmo	nary tuber						YE	s 🗌 NO 🜠
į	PART II. OTHER Pulmo 20e ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY)	CAUSE OF DEATH		HOW INJURY OCCURED	(Enter nature of m	jury in Parl L or Perl	(I of tem 18.)		
			1	Y OCCURRED 200. PLA	CE OF INJURY (Ho	me, farm. ; 20f. (Ci	(ty or town)	(County)	(State)
	20c. TIME OF INJUR	10		of While fect	tory, street, office ble	dg., etc.)			
		19			7/13/	do 60 to	12/28/	10 67 14	at (I) (wa) last
		ed alive on	12/27/	the deceased from 1961 and that	death accurad	6:55	m the causes an	d on the dat	e stated shows
	220 SIGNATURE	daniva oli	Jan Comment		deall occurs	A	in my causes on	0 011 1110 001	22b DATE
		live	Weise		ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	12	128/63 SIGNED
	22c, PHYSICIAN'S				22d. ADDRE	ss G.	lenn Dale	Hospital	
	NAME (Type)	Moe We	iss, M. I).			lenn Dale.		
236. BURIAL, XXXIIA NON, 23b DATE THEREOF 23c. NAME OF CEMETERY ON SEMICED ON 23d. LOCATION (City, lown or county) (51818)								(State)	
	Burial Dec. 30, 1961 Washington National Cem. Suitland Maryland								lend -
	Burial National Com Suitland Maryland. 24 FUNERAY DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR S SIGNATURE								
	W. W. Chan	ubere Co.	_ Sive	idale, n	Tel . 0.	AMAN 2 '62	a. thus	S. Thous	
			-		,				



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death, b. CITY OR TOWN (if outside corporate I mits, MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN TH putside corporate limits, write RURAL and give nearest town? write RURAL and give negrest town) .= d STREET ACCOUNTY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless 11 days . IS RESIDENCE ON A FARM? YES NO Prince George's Middle 4. DATE Month Day DECEASED OF (Type or print) DEATH December 22 IF UNDER STORS carbon NEVER MARRIED 7. MARRIED I and last birthday) Months Days WIDOWED [DIVORCED Female White any even physician 106 KIND OF BUS NESS OR NOUSTR' dona during most of working life, even if ratirad) any Indiana USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please William Peer Elizabeth Bradbury 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Addrass (Yas, no, or unkown) i (Ifyasgive war or dates of sarvica) 2839 Forest Terrace Kent Village, INDIAL BETWEEN Wilma D. Gilbert None No 18 CAUSE OF DEATH [Enter only one cause per for ,a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to immadiate cause DUE TO (a), stating the undarlying has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate PERFORMED? 92 USe 20a, ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After Month, Day, Yaar 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, streat, offica bldg., atc.) While _Not While Hour e.m. al work at work DIRECTOR miral) attended the deceased from. I, and that death occurred It... In from the causes and on the date stated above. 22b. DATE ATTENDING MED SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) FUNL filed , 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) の意思 Scotland. Township Chanel 26,196 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

executed

AND STATE DEPARTMENT OF HEALTH

101 V 5 1 <0 - . -

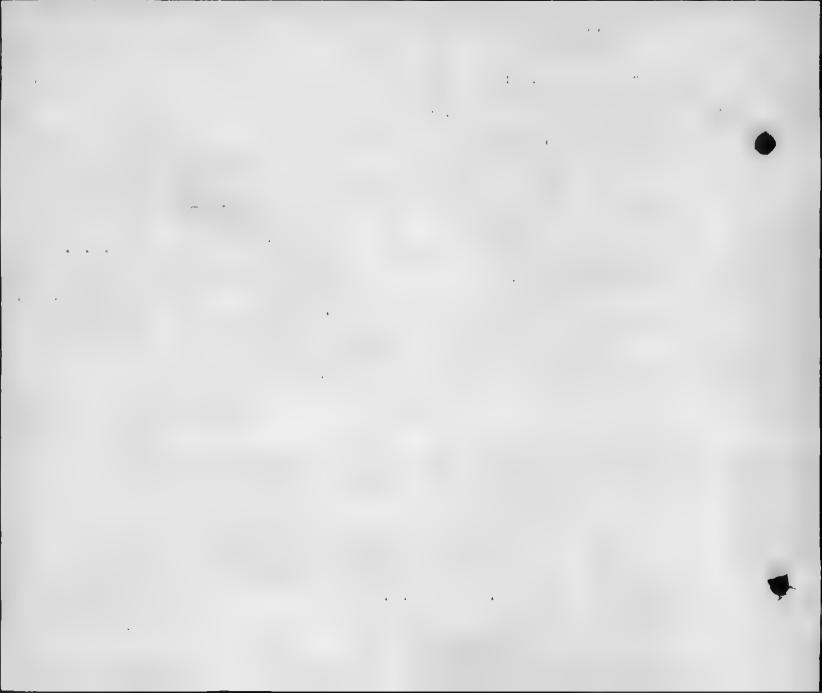
FOR STATE HEALTH DEPT.

director, Page or your files. TO DES ... MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any desiplease endure the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full 4 should be forwarded to the Chief Medical Examiner's Office along with form IMA3. Page 3 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designaled agent, prior to burial, cremation, or removal, and in any event within 7, hours after death. VS, AISME

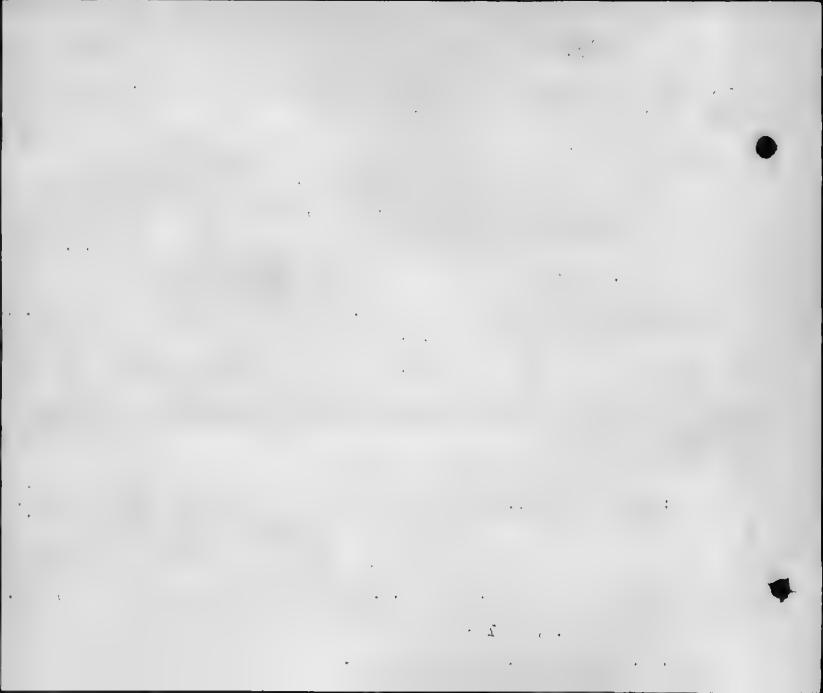
5M 9:60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14290MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14260

-		
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare decaesed livad, if institution: Residence before edmission)
	Prince George's MARYLAND	STATE Maryland Prince George's
Г	b. C TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL end give nearest town) Cheverly arrival	2 0 Vont3 8
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS
	_	ON A FARM?
3.	Prince George's General Hospital	Tank interest in marrora
"	(Type or print)	OF
-	ULARA ESTELLE	Donaldson December 2, 1961
3.	6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
		eptember 14 1894 67 yrs.
10	Da. USCAL OCCUPATION (Give kind of work one during most of working life, evan if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT COUNTRY?
	House Work At Home	Virginia U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	XXXXXXXXXX G Dyson	MANAGON Mary Estelle Puch
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. 11	TO THE PERSON OF
Į (ĭ	(es, no, or unknown) Ilfyasgive war or datas of service) None Mare	Alexandria, Va.
-	NO None None Ma	ry E. Hendricks 27 Park Place
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e) Cerebrovascula	r accident-
	442X DUE TO	
	Conditions, if any, which) (b). Cardiovascula	r renal disease
	gave rise to immediate cause (e), stating the underlying DUE TO	
	causa lest. (c)	
8	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATION		PERFORMED?
E	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Fr	ntar neture of injury in Part I or Pert II of item 18)
CERTIFI	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
¥	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 206, PLAC	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
MEDIC	Hour a.m. Whila Not Whila fecto.	pry, sireel, office bidg., atc.)
ĮΣ	p.m. 19 et work at work	
	21. I certify that I took charge of the remains described above, held	The state of the s
	death resulted from, Natural causes ** Accident . Suice	de, Homicide, Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL James De Lon	M,D ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MED CAL EXAM. IIR X
	JAMES I. BOYD, M.D.	Address (Street city, town, or county)
22	e. BURIAL, CREMAT ON, 226. DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d, LOCATION (City town, or country) (Stata)
12	Swial DEC (0.1961) Arlington Ma	tonal Usington Virginia
2.	APPRESS DIRECTOR	240 REC'D BY REGISTRAN 246, REGISTRAN'S MUNATURE
1	I'M. Chambers 60 Juveracel, 41	DATE OF 161 Circhen S. Krous



ARYLAND STATE DEPARTMENT OF HEALTH REET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I vad, if institutions Residence before admission) a. COUNTY Page n. STATE b. CITY OR TOWN (if outside corporate firm is. New York c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Foutside corporate limits, write RURAL and give nearest town) Mitchellville Star Lake Transit d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3000 Feet West of YES NO X Youngs Road 3. NAME OF 4. DATE DECEASED (Typa or print) FREDERICK DEATH PAUL DUCHANO JR. December 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) June 28, , WIDOWED [Male DIVORCED -10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Paper Mill Worker Paper Mill U.S.A New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred P. Duchano Elizabeth Martineau 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO ! 17 INFORMANT Address (Yes, no, or unkown) | (Ifyespivawarordatesofservice) Star Lake, N Mrs. Elizabeth Duchano. unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemmorrhage and Shock IMMEDIATE CAUSE (a) DUE TO Crushed Chest [b] geve rise to immediate cause DUE TO (e), stating the undarlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? YES NO THE , 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18) 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Driver of an automobile that was in a collision with hief e 3 buri 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While factory, streat, office bldg., etc.) Month Day Yaar another our. of work of work of State Road Mitchellville, Prince Geo and in my Sphillin MC 21. I certify that I took charge of the remains described above, held an Autopsy . nspection X. Inquiry XI. Accident X, Suicide Homicide Undetermined manner death resulted from. Natural causes ... CHIEF MEDICAL EXAMINER lease execute the should be forwar FUNERAL DIF r its designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER JAMES . BOYD, M.D. December NAME (Typa) Addrass (Straat city town, or county) 220. BURIAL, CREMATION 7226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) <u>0</u>40 9 Jan. 4, 1961 Burial Star Lake, New York Unknown 23. FUNERAL DIRECTOR VS. A15ME W. CHAMBERS CO. Riverdale, Md. DATERN 4 Clathun & House



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution a. COUNTY **b.** COUNTY Prince George's iles, MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL end a veineerest town) write RURAL and give neerest town? Forest Heights Forest Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Senega Drive 105 Seneca Drive YES NO X 3. NAME OF Firet Middla 4. DATE DECEASED Thelma. [Type or print] Fern Dunlap DEATH December 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Female WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Secretative life, even if retired) U.S.Governmen Indiana U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thedore Harding Wilhelmina Winters 16 SOCIAL SECURIOS STATE INFORMANT 942 Cedel Avenue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. perynkown) [[livespiveweror detas of service] Mrs Marie H, James Indianapolis, Ind 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascubar renal disease Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 91 19, WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) While Not While factory, street, office bldg., etc.) Hour e.m. at work at work Inspection 3 Inquiry 30 0 and in my opinion Natural causes X. death resulted from: Accident Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE December 30,1961 DEPUTY MEDICAL EXAMINER IX EXAMINERS James I. Boyd NAME (Type) Address (Street, city, town or county) 228 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lowg, or equality) <u>40</u> ₽ 246 REGISTRAR'S SIGNATURE VS. A15ME Cirtin S. Thomas 5M 9,60

ON A FARM?

NO

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MADVI AND STATE DEDADTMENT OF HEALTH

1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decoused lived. If multiplicine Residence before consension) 3. COUNTY Prince Georges! 3. SAME Maryland 4. COUNTY Pr. Geo's 5. COUNTY Pr. Geo's 5. COUNTY Pr. Geo's 6. COUNTY Pr. Geo's 6. COUNTY Pr. Geo's 7. SAME Maryland 6. COUNTY Pr. Geo's 7. SAME Maryland 6. COUNTY Pr. Geo's 8. If REST MARY I (If not in hospield, give street oddress) 6. POTTON I (If outlide corporate limit), write RURAL ond give necessary lown) 8. If SET ADDRESS 6. COUNT OR RACE Middle 7. SAME OF COOM—Naylor Road 7. SAME OF COOM—Naylor Road 8. If SET ADDRESS 9. ACE (In year) Months Doy, New Months Doy, New Maryland 1. SAME OF COOM—Naylor Road 1. SAME OF COOM—Naylor Road 1. SAME OF COOM—Naylor Road 8. If SET ADDRESS 9. ACE (In year) Months Doy, New Mo			7117-11C BAT		VIAIL DEI AII		II OI IILALII	II—DAL	IIIMOKE, I	•			
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Description of the property of the control of the property of	1.	PLACE OF DEATH				2	USUAL RESIDENCE (W	/here decease	d lived If institution	n Reside	nce befo	re admis	SON)
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The male winder	S.	SEX				m 8. 0	ATE OF BIRTH						
OND States Moo Uoss Ao			107 - 9 1 -					373	lost birthdoy)				
HOUSEWIFE DWN Home St.F.ouis, Mo. U. S. A. 3. FAIRER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 1	10	B. USUAL OCCUPATION	(Give kind of work done	10Ь	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Stole	e or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTR
14. MOTHER'S MANE 14. MOTHER'S MANIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for 0, (b), and (c) 19. Cause of Death Enter only one course per line for 0, (b), and (c) 19. Cause of Death Enter only one course per line for 0, (b), and (c) 19. Cause of Death Enter only one course per line for 0, (b), and (c) 19. Cause of Death Enter only one course per line for 0, (b), and (c) 19. Cause of Death Enter only one course per line for 0, (b), and (c) 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions, if any, which gove rise to immediate 19. Due to 19. Conditions 19. Due to 19. Conditions 19. Due to 19. Conditions 19. Due to 19					Dwn Home		St.Louis	Mo.	•	U	• S	Α.	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (IVEN. no. or unknown) (IVEN. no						1	4. MOTHER'S MAIDEN	NAME					
The conditions of the part o	Ž.	Christian	Bush				Henriett	ta Hoo	dgkin				
NO	is.				SOCIAL SECURITY NO.	17 INFO	RMANT		Addre	ess			
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QOVE TISE TO Immediate course (b), storing the under-lying course lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING COURSE OF DEATH ITE ETHER, NOTIFY MEDICAL EXAMINER NOT While Not while of work of work of work of work of work of work. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work. 21. I certify that I attended the deceased fram of work of work of work. 21. I certify that I attended the deceased fram of work of work. 22. ACTUAL SIGNATURE M.D. Upper Marlboro, Md. 12/1/61 PHYSICIAN'S Dr. Robert B. Sasser, M.D. 22. NAME (Type) Dr. Robert B. Sasser, M.D. 23. DATE SIGNI REMOVEL (Specify) 27b. DATE THEREOF (Slote) (Slote				1	revolues	do	Lennock	1000	**		12	Lolo	
Iying couse tost. (c)			mediate (1								
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21. I certify that I attended the deceased fram and that death accurred at 4 A.M., fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE MD. Upper Marlboro, Md. 12/1/61 PHYSICIAN'S NAME (Type) Dr. Robert B. Sasser, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)		200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Port 1 or Por	t II of item 18.)				
21. I certify that I attended the deceased fram and that death accurred at 4 A.M., fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE MD. Upper Marlboro, Md. 12/1/61 PHYSICIAN'S NAME (Type) Dr. Robert B. Sasser, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)	Š					e. PLACE	OF INJURY (Home, form	m, 20f. (City	or town)		County)		(Stote)
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NAME (Type) DI'S RODEL'S D. SASSEST, M.S.D.S. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Slote)		ACTUAL SIGNATURE	VIX	-	esel _	м р.	Upper N	Marlb	oro, Md.		12/:	1/61	
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REMOVAL (Specify) (Slote)	220							Ind loca					
	B	REMOVAL (Specify)									חזייר פ	. ' .	

Maryland

24b REGISTRAR'S SIGNATURE

Burial St. Thomas Cemetery Croom 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RItchie Bros. Fun'l Home-Upper Marlboro, Mare ner'd 1'61

VS A15 (4) 15M 10/57



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whata decresed lived, If institution, Residence MARYLAND PriNCE George C. CITY OR TOWN (If outs de corporata imits, write RURAL and give nearast lown) b. CITY OR TOWN (if outside corporate I'mits, MARYLAND Ocorges c. LENGTH OF STAY IN 1h NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO [3. NAME OF DECEASED OF (Type or print) LIZABOTH DEATH 19 6/ 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and 10a. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) 13. FATHER'S NAME (Yas, no, or unkown) | (Ifyesgivewarordatesofservice 18. CAUSE OF DEATH [Enter only one cause par line for (e) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) N. A DUE TO gava rise to immadiate cause DUE TO (e), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. WAS AUTOPSY PERFORMED? NO TY 200 ACC DENT WAS UNDERLYING]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NIJRY OCCURED, (Entar netura of injury in Part I or Part I of itam 18.) Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., alc.) Not While While al work al work 21. I certify that (I) (this hospital) attended the deceased from De 120 1961, 10 Dec 24 1961, that (1) (we) last saw the deceased alive on Dec 24 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS 23d TOCATION (City, fown or county 230 BURIAL CREMATION, 236 NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 ADDRESS REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 2 15M 9/60 Li wy & Mayor



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution, Residence before edmission) . COUNTY b. COUNTY e. STATE Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) 33 days Cheverly Mt. Rainier d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince George's General Hospital 3h0h Shepherd Street YES NO TE 3. NAME OF DATE DECEASED 1961 (Type or print) DEATH December 1 Nellie C. (Young) Freeman AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months Hours Female White WIDOWED [DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done a ring m st of working life, even if retired)
Housewife Own Home Washington D. C. U. S. A. 13 FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Ellen L. Halpin Thomas Laurenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give war or detes of service) Same as #2 (Husband) William S. Freeman none no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO (b) neve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 1961, and that death occurred alt. 30M, from the causes and on the date stated above. saw the deceased alive on... 220. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. MIYSIC, AN'S 22d. ADDRESS Dr. Saul Schwartzback 23d. LOCATION (City, town or county) (Stete) 236. BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O E Colmar Manor. Burial 12/4/61 Ft. Lincoln 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) F. Gasch's Sons Hyattsville, Md.

LAND STATE DEPARTMENT OF HEALTH

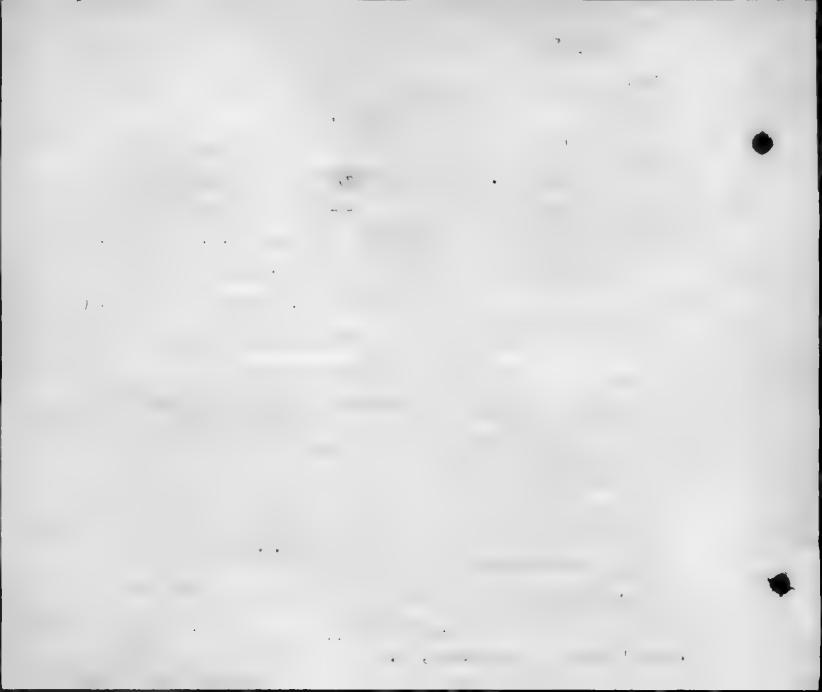
funeral

by the

physician

certificate

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY **Zeath** e. STATE b. COUNTY director, Page Prince George's files. Prince George!s MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Your write RURAL and give nearest town! à d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hvattsville d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2709 Kirkwood Place Prince George's General YES NO D EXAMINER: This certificate should be executed within 24 hours after death. If any case, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained to the Chief Medical Examiner's Office along with form PM3. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statem of the Chief Manager 1, with the Statem 1, which in 2 hours after death 1. 4. DATE DECEASED OF (Type or print) DEATH Lenwood Garrison December Ennis 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Male WIDOWED [DIVORCED 1909 10a. USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE IState or fore on country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Steam Builder Construction New York U.S.A. 13. FATHER'S NAME Roy M. Garrison Min:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Minnie Peiper 5104 (Yes, no, or unkown) I (Ifyas give war or dates of service) NO None
CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Edward Garrison ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute Congestive Heart Failure **DUE TO** Myocardosis (b) DUE TO (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8,1 19, WAS AUTOPSY PERFORMED? asse c. white the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating Cirrhosis of the liver, ascitis.

| AL CAUSE WAS | 205 DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item IB.) NO T 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on Tr Inquiry to and in my opinion death resulted from. Natural causes Accident Su cide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MED CAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) shoul DEL 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ₽40 p A15ME



FOR STATE TO DEE: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. For your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designaled agent, prior to burial, permit or removal, and in any event within 72 hours after death. VII. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

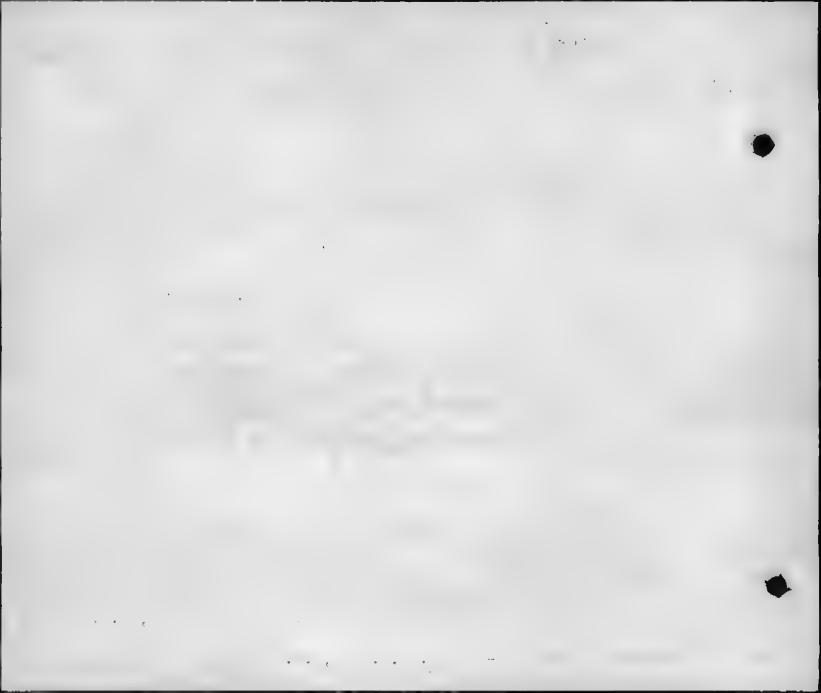
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 41267

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whate daceased lived, il institutions Residence before adpliss on)
V	a. COUNTY	* STATE District of COLUMbia
Ж	Prince George 8 MARYLAND b. CITY OR TOWN (if outside corporate I m. is, c. LENGTH OF STAY IN 1b	
1	Writa RURAL and give naerast town)	c, CITY OR TOWN (.I outside corporate I m./s, write RURAL and give neerest town)
	Cheverly DOA	Washington
	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Prince George's General Hospital	
	3. NAME OF Frst Middle	Last 4 DATE Month Dey Year
-	(Type or print) Joseph E. G	ayle December 17 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Moure Min
1	Male White WIDOWED D. VORCED X J	anuary 10,1926 35 yrs. Months Deys Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	Machinist NAVY	Richmond, Va V.S.A.
	13. FATHER'S NAME	14. MOTHER S MAIDEN NAME
1	RUFUS LEF GAYLE	GRACE WRIGHT.
ď	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT	VEORMANT Address \$2 % / Delausonell
1	YES WORLDWAR II 229-26-9067MR	S GRACE SHANKLINDS
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (6)] Crushed sk	ONSET AND DEATH
1	1 3 0 0 0	Addadada
1	Conditions, if only, which	
1	geve risa to Immediela causa	·
1	(a), steting the underlying DUE TO	
1	TO THE PERSON NAMED IN COLUMN TO THE	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
-1		PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20d. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	YES NO IX
, [PRIMARY M or CONTRIBUTING	of injury In Part I or Part II of Itam 18.) and turned over
	Day 4 we man and a second	omobile that got out of control
H	20c. TIME OF HURY Manh, Day, year 6 20d. INJURY OCCURRED 20c. PLACE 10: 50 p.m. 19 at work at	ry, street, office bldg., etc.) OXON Hill P.G. (Sub)
٦		
1	21. I certify that I took charge of the remains described above, held	
	death resulted from: Natural causes . Accident . Suicio	de Homicide Undetermined manner
- [CHIEF MEDICAL EXAMINER
	MANAGUE James 3 / Long	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/18/61
-	NAME (Type / James I. Boyd	Address (Street, city, town, or county)
1	228. BURIAL, CREMATION. 22b. DATE THEREOF 22c. MAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or country) (Siele)
	Burial Wec 21, 1961 Wington 7	Jakonal (Irlington, Virginia
	23. FUNERAL DIRECTION	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Will Charles Con Universally, 111	9. DEG 27'61 Culuy S. Krous

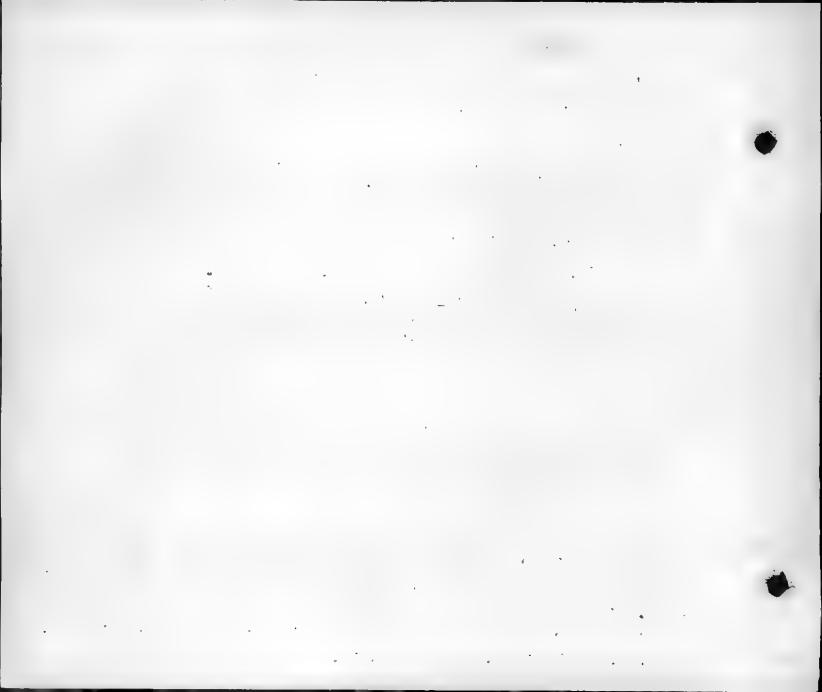


PRESTON STREET, BALTIMORE 1, MARYLAND funeral Item Q Fil 77 G 502 1. PLACE OF BEATH e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) after within d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, giva straat address d. STREET ADDRESS paper. NAME OF DECEASED (Type or print) carbon 6. COLOR OR RACE 7, MARRIED LEVER MARR ED pue WIDOWED DIVORCED physician 10e. USJAL OCCUPATION (Giva kind of work 106, KIND OF BUS NESS OR INDUSTRY done during most of working life, aven if retirad, Honsewife 13. FATHER'S NAME SOC AL SECURITY NO 17 INFORMANT (Yas, no, or unkown) (If yesg vawarordates of sarvica) 18. CAUSE OF DEATH [Enter on y one couse par I perfor (a), (b), and (c) , PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying has the certificate 206. ACC DENT WAS UNDERLYING J OR CONTRIBUTING [1] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) Not While While Hour a.m. of work et work may be retaine DIRECTOR: A 21. I certify that (I) (this hospital) attended the deceased from . 11.7.7.. saw the deceased alive on 22e. SIGNATURE ATTENDING DIRECTOR PHYS. MD 22c. PHYSICIAN'S 122d. ADDRESS NAME (Typa) 123c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION essional Jem. Contr 0:58 ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 300-4th 3t. 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before b. COUNTY c. CITY OR TOWN (if outside corporete I mits, write RURAL and give nagress town) . IS RESIDENCE ON A FARM? YES NO F DEATH Years IF UNDER 1 YEAR IF UNDER 24 HRS. AC' (bday) 60/4 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCR BE HOW INJURY OCCURED, (Enter return of injury in Part I or Part II of 'tem 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 19 5 7 to 7 - 2- , 19 2/ , that (1) (we) last 19 21, and that death occurred a stated above. 22b. DATE SIGNED PHYS. 23d. LOCATION (City, town or county (Stata) .ashington, 25a, REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATUREME



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	1/200	ERTIFICATE OF	DEATH	LIIMORE I, MAR	144670
1.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outs.de corporate limits. write RURAL end give nearest town) Cheverly Maryland d. NAME OF HOSPITAL OR INST TUTION (if not in hospitel, give	MARYLAND GTH OF STAY IN 16 CITY 5 days	RESIDENCE (Where decessed to FLORIDA OR TOWN (If outs de corporate la CANTANTANTANTANTANTANTANTANTANTANTANTANTA	mits, write RURAL and g v	e nearest town)
5.	widowed a. USJAL OCCUPATION (Give kind of work believe Represent, ALLMeired) The control of t	EVER MARRIED 8. DATE OF B DIVORCED 3 BUSINESS OR INDUSTRY II. BIRTH	17-11 last 1	country) 12. CITIZEN	YES NO Year 196 R) IF JNDER 24 HRS. Hours Min. OF WHAT COUNTRY?
15 (Y	18. CAUSE OF DEATH [Enter only one cause per line for [a PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Multy	SECURITY NO. 17. INFORMAN Mrs. Lloy	vd L. Leonard 66 Limpschages		Hyttsvlle Md. NTERVAL BETWEEN CHAPS 17 Clays
MEDICAL CERTIFICATION		OCCURRED 20e. PLACE OF INJURY I While fectory, street, of it work	Y [Home, farm, 20f. (City or tovice bidg., etc.)	n 18.)	YES NO (Stele)
24	22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 3a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL ISpecify) 23c. 7 23c. 7 23c. 7	M.D. ATTENING M.D. ATTENING M.D. 22d. ATTENING M.D.	DING DIRECTOR PHY	AFF YS. Adelhi (City, town or county) George Co	date stated above. 22b. DATE SIGNED Md. (State)
1-					



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the hospital an attending physician.

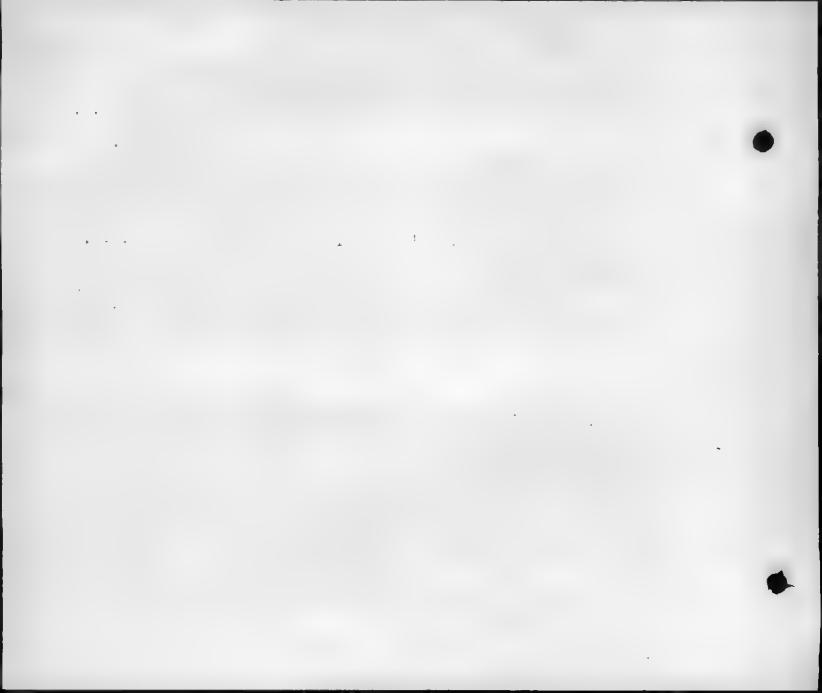
TO FUNERAX JARECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Board of Health priar to burial, cremation, or removal, and in ony event, within 12 habase after death may be r

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 14301 CERTIFICATE OF DEATH

4-4-1-4-4

	Prince George	MARYLAND	g. STATE	Many Xang	- L COUNTY	RXXXXXXX	
ŀ	b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b			DWN (If autside corp			
1	RURAL and give nearest town) Suitland		STATE	XXXXXXXX	Washingt	on. D.C.	41×1
	d. NAME OF HOSP.TAL (If not in haspital, give street ad OR INSTITUTION	idress)	d STREET AC		77 20 20 20 20 20 20 20 20 20 20 20 20 20		S RESIDENCE ON A FARM?
	Suitland Nursing Flome		1725	29th	Street		ES NO DE
-	3 NAME OF First Middle		/7 Last	4. DATE	Manth	/	Year
L	(Type or print) // Ch/	ne/ P	GRA	DEATH	, Die	23	1961
1	S SEX 6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEAR IF	JNDER 24 HRS.
L	Male White WIDOWED	28	8-19-13		87 yrs.	2075	00/3
	0a USUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLA	CE (State or foreign o	country)	12. CITIZEN OF WI	HAT COUNTRY?
Д.		.C.Govet	Eng1	No. of the last of		U.S.A.	
1	3. FATHER'S NAME		14. MOTHER'S				
-	James Grant	SCILL SECURITY NO. TITLE	MATY				<u>.</u>
	S, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) [(If yes, give war or dates of service)]		_			th 25rd a	Ju
F	do		mes W.	Grant	Arlingto		
	18 CAUSE OF DEATH [Enter only one cause per time PART I DEATH WAS CAUSED BY:	(a), (b), and (c)	0 /	. /-		ONSET	AL BETWEEN
	IMMEDIATE CAUSE (o)	reerone oc	e gener	riacil	ent	10	her
1	3-3/X DUE TO						
1	Canditians, if any, which agare rise to immediate DUE TO						
	lying cause last.						
1	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
	200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	<u> </u>	Sec.	ACE OF INJURY (H	ame, form, 20f. (Cit	y ar town)	(County)	(State)
	Havr o m. 19 of wark	Nat while at wark		alog., alc j	0	_	
1	21 certify/that (1) (this hospitol) attended the deceased fram. Nov 1900 to ACC 73 196, that (1) (we) last						
	saw the depensed olive on Ale	. A / .	leath accurred	do" IM, from	the couses and		7 4 7 1
	220 S GNATURE						226 DATE SIGNED
	MD PHYS DIRECTOR PHYS D						
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRES	s and	//	5	
-		ONOUNN		XIIA U	we !	<u> </u>	
	REMOVAL (SPECIFY) 12-26-1961	23c NAME OF CEMETERY O Mt. Olivet	R CREMATORY	23d LOCA	TION (City, town, or	county)	(Slate)
-	W) Error		12/1/4		ington,		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 131-1	. 2.00	250 REC'D BY REGIS	10.4	RAR'S SIGNATURE	
F	your a mallingly	Wash 3	D.C.	DATE DEG Z I	VI C	d. Teraus	
	, 10						



TO DEF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please excite the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the further director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be retain or your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event (withme 72) hours after death.

VS. A15ME 5M 9/60

Division of STATIS	LAND STATE D CH AND RECORDS EXAMINER'S		OF HEALTH ON STREET, BALTIMO TE OF DEATH	ORE 1, MARYLAND
CE OF DEATH		2. USUAL RESIDI	ENCE (Where deceased lived, If	institution, Residence before en

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss on)			
Prince George's MARYLAND	* STATE Maryland b. COUNTY Prince George			
b. CITY OR TOWN (if outside comporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)			
write RURAL and give necreat fown) Cheverly	3 Beaver Heights			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straal address)	d. STREET ADDRESS			
	ON A FARM?			
Prince George s General Hospital				
(Type or print) George Edward G	OF			
	reen December 25, 1961			
A MARKED LA NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR UNDER 24 HRS. [ast b'rhdey) Months Deys Hours Min.			
Male Colored WIDOWED DIVORCED	March 20,1916 45 yrs.			
done during most of working life, even if fetited)	RY 11 B,RTHPLACE (State or foreign country) 12. C.TIZEN OF WHAT COUNTRY?			
_Custodian School	Maryland U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
George Green	Viola Vinnie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. [Yes, no. or unknown) (Ifyesgivewarordetesofservice)	INFORMANT Address			
No 220-09-2815 E	Eleanor Green, same as # 2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HEMORRHAGE	AND SHUCK ONSET AND DEATH			
C192 X DUE TO	1150			
Conditions, if any, which \ (b) STAR WOYLED	of CHEST			
gava rise to immadiata causa	0,000			
(a), slating the underlying cause lest.				
(6)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING T	PERFORMED?			
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED I	Enter nature of Injury In Part I or Part II of Ilam 18.)			
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I) PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.				
Jacobeu during	g an altercation ACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stele)			
Tali O tour axex La/25/DL While No While XX	lory, street, office bidg., etc.)			
\ \ \				
21. I certify that I took charge of the remains described above, he	Inspection X. Inquiry X. and in my opinion			
death resulted from: Natural causes , Accident . Suic	ide . Homicide . Undetermined manner .			
1	CHIEF MEDICAL EXAMINER			
SIGNATURE SAMPO J. Zoul	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED			
EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/26/61			
NAME (Type) JAMES T. BOYD, M.D.	Address (Street, city, lown, or county)			
PEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (State)			
12/29/61 Harmony Me	emorial Maryland			
23. FUNERAL DIRECTOR ADDRESS Wash. D. C246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
Frazier's Funeral Home, Inc. 389 R.I. Ave DAT EC 28'61 Collar & thous				



104 9	tem 18 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
• FOR STATE	14303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whard loceesed I vad, If Institution; Rasidence before ad firstion) a. COUNTY b. COUNTY
Page Sary,	Prince George's Maryland Maryland
るとはました。	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
your do	Bowle transient Baltimore 23
>. P & B	d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, the street of Rd 2126 West Fayette Street on A FARM)
afte	Degree Mr #30 -1000 It west bi/
any he fu elar dea	DECEASED
h. H. H. be r. th. th. th.	(hundling to optimize the control to optimize the cont
deat deat wiff	last birthday) Months Devs Hours Min.
d 2 and 1	MALE COLUMED WIDOWED DIVORCED 3/15/18 43 yrs. 100. USUAL OCCUPATION (Give kind of work 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S af	done during most of working life, even if refired)
hour Bages F. P.	13. FATHER'S NAME 1018 U.S.A.
24 PM: PM: wit	James Greenaway Carrie Parm
File Gilli	
Mwith for with some services of the services o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((flyses) we were ordetes of service) Yes WW II 17. INFORMANT George Greenaway Politimore 17. Md
tufect Herr Will Will Will Mill Mill Mill Mill Mill	18. CRUSE OF DEATH [Enter only one couse per tine for (e), (b), and (c).]
ong ong insit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FULMONARY EDGMA
be e ale e al-tra	2 2 2 4
in po lin po Office oval	Conditions, il ony, which) (b) ASPIRATION OF CASTRIC CONTENTS
r's c	gave rise to immediate cause (e), stating the undarlying DUE TO
icate of a single of as	cause lest. (c) Acute alcoholism
ertrfice T'pe Exam t used fion,	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
vord vord call d be	₹ YES X NO □
# \$ ip is	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[6] 19. WAS AUTOPSY PERFORMED? YES PRIMARY OF CONTRIBUTING DO CONTRIBUTION DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part II of Item 18.)
NER ng th ef A 3 st	
Chi Chi o b	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or lown) (County) (State) Hour a.m. p.m. 19 at work at work
EXAMINER: ate, wr.ling th the Chief M R: Page 3 sh rior to burial,	
IL B	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
Send Send	death resulted from Natural causes Accident Suicide Homicide Undetermined manner
MED) le the forwar forwar	ACTUAL SOURCE ASSISTANT MEDICAL EXAMINER DATE SIGNED
AL Sold See 10	SIGNATURE ALL
DEP CALLUIS HES	EXAMINER'S James I. Boyd, M.D. DEPUTY MEDICAL EXAMINER X 12/24/61 Address (Street, city, town, or county)
DEP ease s shoul FUN	220. BUR.AL, CREMATION, 226. DATE THEREOF 220, NAME OF OWNETERY OF CREMATORY 22d. LOCATION (C 1) Touch or country (51010)
O G 4 O P	BUDIAN 12/27/1961 BUSTA, HOSTIMAL COM BUSTER TING
н н 🗸	23 FUNERAL DIECTOR ADDRESS 13 2 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME SM 9 60	Mrs Katie R Williams, Schroeder Stoate DEC 27'61 Cullus & thous
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION TATISTICAL RESEARCH AND RECORDS, 301 STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S Residence before admission) REALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: director. P. Classifi, Y. C. Health, a. COUNTY e. STATE b. COUNTY -Anne -Arundel: County MARYLAND Prince George b. CITY OR TOWN (if outside comporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN his outside corporate I mits, write RURAL and give nearest town! write RURAL and give neerest town) Laurel, Md. few hrs. Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main parking lot. Laurel Race Track the fur retaints he State YES TO NO TH Talbert St. Apt. 3. NAME OF M. ddla Last 4. DATE DECEASED OF the (Type or print) DEATH Roderick Lawrence Gress w.ih 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR 2 will 1, 2, and 3 ige 5 may and 2 w. last birthdey) Months Deys Male White WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work Give Pages 1, 2, rrm PM3. Page 5 File pages 1 and 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if raticed) Sgt U.S. Army North Dakota U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File John Gress Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyesgive werordates of service) " in pencil in Item 18 Office along with for burial-transit permit Yes (is) Mrs. Monica Gress IB. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poisoning by Carbon Monoxide (suicide) s a burial-t **DUE TO** "pending" geve rise to immediate cause , writing the word "pending" to Chief Medical Examiner's Page 3 should be used as a r to burial, cremation, or re-DUE TO (a), stelling the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20s. EXWRNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I, of Ifem 18.) PRIMARY TO OF CONTRIBUTING One end of vacuum deaner hose was hooked to exhaust pipe CAUSE OF DEATH. other end 1 the C. Page 20c. TIME OF INJURY Month, Day, Year (County) (Steta) factory, street, office bldg., etc.) . While Not White et work at work X Laurel Race Track Laure] CTOR 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Der plasse execute the certificate 4 should be forwarded to 7 FUNERAL DIRECTO Inquiry V and in my opinion death resulted from. Natural causes Accident Suicide X Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A EXAMINER'S Gusstave H. Faubert, M.D. NAME (Type) Dec. 4, 1961 Address (Street, city, town, or county) DEF NAME OF CEMETERY OR CREMATORY 22s. BURIAL, CREMATION, 22b. DATE THEKEOF 122d. LOCATION (City, town, or country) (Slele) 240 g REC'D BY REGISTRAR VS. A15ME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if nstitution Residence before edmiss on) . COLNTY Page Prince Georges Prince Georges County b. City of fown (if outside corporate l.m.)s. Maryland LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate rimits, write RURAL and give nearest fown) write RURAL and give neerest fown) Years Oxen Hill Oxen Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . d. STREET ADDRESS Brinklev Road Brinklev Road NAME OF 4. DATE Middle DECEASED (Type or print) JESSE DEATH December urid be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may, by ourial-transit permit. File pages 1 and 2 with loval, and in any event within 72 hours, afth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last bighdey) Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (See a or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer Parming Maryland Office along with form PM3. burial-transit permit. File pages noval, and in any event within 13. FATHER'S NAME Alfred Lisa Lanham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detas of service) Russell E. Grimes, None 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary Congestiva Edemia IMMEDIATE CAUSE (a) 420,0 DUE TO Arteriosclerostic Heart Disease gave rise to immediate cause DUE TO (a), staling the underlying PART II. OTHER'S ON HICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE). 19. WAS AUTOPSY 2 YES TE NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part I of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED factory, street, office bidg., etc.) Not While While et work al work Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 📗 Inquiry X and in my opinion ō death resulted from Natural causes X Suic de Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER Faul-CVan 40-66 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE PAUL C. VAN NATTA, M.D., DEPLTY MEDICAL EXAMINER K

DEPU 40 g

226. BURIAL, TRANSPORT 226 DATE THEREOF

Burial

Riverdale, Md.

Silver Hill, Rd. Parkland, Madgress (Street, c. ly, town, or county)
DATE THEREOF 22c, NAME OF CEMETERY PROPERTY 22d, LOCATION (C.

St. Barnabas Cemetery Oven Hill

December

22d, LOCATION (City, town, or country)

. IS RESIDENCE ON A FARM?

YES NO

19 61

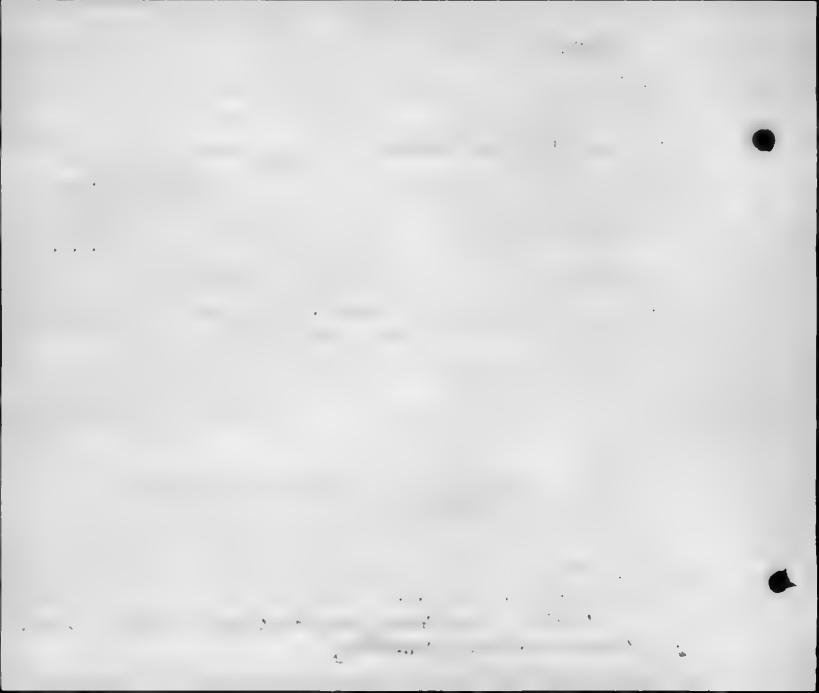
PERFORMED?

(State)

Year



Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND Item-9-F11m-G50>-1 122/62 1WK-1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if Institution, Residence before edmission) e. COUNTY files. Health, Page a. STATE b. COUNTY Prince George's MARYLAND Prince George's b. C.TY OR TOWN (if outside corporate lim ts. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) ö Cheverly Cedar Heights
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6202 Lee Place State YES NO F 3. NAME OF 4. DATE Month s 1, 2, and 3 to the Page 5 may be retained 1 and 2, with the Sn 72 hours after de DECEASED and 3 to the OP (Type or print) Artra DEATH Bertram Groomes December 6th., 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers : IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Colored WIDOWED X DIVORCED 5,_ 1880 80 October Male 81 Thould be exacuted within 24 hours after 9" in pencil in Item 18. Give Pages 1, 2, at 5. Office along with form PM3. Page 5 in a burial-transit permit. File pages 1 and 2 emovs, and in any event within 72 hod 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Skilled laborer Furniture Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Groomes Isabelle Snowden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) i lifves give wer or deter of service) Luck M. Beam Nο None Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN Acute congestive heart failure ONSET AND DEATH PART . DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) removal DUE TO Cardiovascular renal disease "pending" gove rise to immediate cause v 10 ficate, writing the word "pending" I to the Chief Medical Examiner's IOR: Page 3 should be used as a prior to burial, cremation, or rei DUE TO (e), sleting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO TK 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of Item 18... PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 정 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) (Courty) (Stote) fectory, street, office bldg., etc.) pease excule the certificate, with a should be forwarded to the CO FUNERAL DIRECTOR: Par its designated agent, prior to NED W Hour e.m. While Not While el work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 💢 Inquiry and in my opinion death resulted from. Natural causes K Accident Surcide Undetermined manner Homicide CHIEF MEDICAL EXAMINER F ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/6/61 EXAMINERS NAME (Type) BOYD, M.D. Add DEP Address (Street, city town, or county) 226. BURIAL CREMATION. 226. DATE THEREOF (State) REMOVAL (Specify) <u>₽</u>40



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution; Residence before edin ssion) rector, h. e. COUNTY e. STATE b. COUNTY Prince George's Maryland Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give necrest lown) write RURAL and a ve neerest town? Transit College Park Jeritho Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Pennsylvania RR Track 9739 YES NO THE 53rd Avenue retaine. NAME OF Middle 4. DATE Month Year DECEASED OF the (Type or print) DEATH Theress. Anne Bl.anche Koontz Grove December 3. with the death nd 3 to 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) and 2 W 5,1922 Female White WIDOWED [DIVORCED [December 10s. USUAL OCCUPATION (Give kind of work 10b K ND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 st done during most of working life, even if retired) Give Pages 1, U.S.A. Housewife Own Home Maryland pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winfred Ignatius Koontz Gene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Genevice Winifred Ganon (Yes, no, or unknwn) | (If yes give wer or detes of service) Paul Julian Grove. same as in pencil ın Ita 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along w burial-transit primoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple severe crushing wound to body IMMEDIATE CAUSE (a) DUE TO removal, スカスス Conditions, if eny, which (b) geve rise to immediate cause "pending" Ю DUE TO (a), staling the underlying Examiner' cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 17. WAS AUTOPSY CERTIFICATION PERFORMED? pe writing the word NO KX Medical plnous 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of injury 'n Pert I or Pert II of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, Walked in front of a railroad train Chief ന the Ch.e R: Page | 20d, INJURY OCCURRED NO. PLACE OF INJURY (Home, ferm, 20f (City or town) Month, Dey, Year (County) (Stella) 20c. TIME OF THURY factory, street, office bldg., etc] While Not While 9 MdRR Tracks Jericho P.G. at work at work prior 50. T 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on Inquiry X and in my opinion Homicide Undetermined manner X death resulted from: Natural causes Accident 1 Suic.de forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACCURAGE. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE 12/3/61 DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) DEP NAME OF CEMETERY OF CREMATORY . [State] Ö 40 9 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATUR VS. A15ME Cirthur S. trans



FOR STATE TO DEP' MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furding the word "pending" in pencil in Item 18. Give Pages 5 may be retain or your files.

**Abould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain or your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and **With the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1/20 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1/278 430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before adm ssion)				
1	Prince George's MARYLAND	Prnnsylvania Philadelphia				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give nearest lown)				
7	d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, g ve streat eddress)	Philadelphia . IS RESIDENCE				
	Prince George's General Hospital	2231 Spring Sarden YES NO X				
	3. NAME OF First Middle	Last 4. DATE Month Day Year OF				
\	(Type or print) Ellzebeth Gratton 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	Hagerty December 23, 19 61 DATE OF BIRTH 19. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.				
, mar	Female White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	November 19/91 70 yrs. Months Days Hours Min. November 19/91 70 yrs. 12. CITIZEN OF WHAT COUNTRY?				
	Housewife Own Home	Pennayl vania U.S.A.				
	John F1t znatrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMAN Post Address				
ĺ	37.0	awrence J. Hagerty 124161 Stretton Lan				
	18. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) COPONARY OCCUE	ONSET AND DEATH				
	DUE TO					
ł	Conditions, if any, which (b) Coronary artery disease					
	gave rise to immediate cause DUE TO)				
	(a), stating the undersying					
	couse last (c)					
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY				
	(6)	PERFORMED?				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH,	PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 200. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURED , 200. FLA	PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. FLA Hour a.m. 200. Time Of Injury Month, Day, Year 200. INJURY OCCURRED 200. FLA While Not While Fock	PERFORMED? YES NO PRESCRIPTION (Stellar) NO PRESCRIPTION (Stellar) NO PRESCRIPTION (Stellar) YES NO PRESCRIPTION (Stellar) YES NO PRESCRIPTION (Stellar)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH, 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO While Not While Not While III. PART III. OTHER SIGNIFICANT CONDITIONS PRIMARY OF COURTED 10 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	PERFORMED? YES NO CE OF INJURY (Home, farm, 20f. (C.ly or lown) CE OF INJURY (Home, farm, 20f. (C.ly or lown) (Stele) d an Autopsy Inspection Inquiry and in my opinion				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20s. Time Of INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLA While Not While fect et work at work at work at work at work. 21. I certify that I took charge of the remains described above, he death resulted from Natural causes. Accident . Suici	PERFORMED? YES NO CE OF INJURY (Home, farm, 20f. (C.ly or lown) CE OF INJURY (Home, farm, 20f. (C.ly or lown) (Stele) d an Autopsy Inspection Inquiry and in my opinion				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 20s. Time Of Injury Month, Day, Year 19 Part II. OTHER SIGNIFICANT CONDITIONS 20s. EXTERNAL CAUSE WAS PRIMARY OF COURTED CAUSE OF DEATH, 19 Part III. OTHER SIGNIFICANT CONDITIONS 20s. EXTERNAL CAUSE WAS PRIMARY OF COURTED While Not While of Work of Work of While of Work of While of Work	PERFORMED? YES NO PRINTED NOTE IN Part I or Part II of Illam 18.) CE OF INJURY (Home, Isim., 20f. (City or Iown) (County) (Stele) d an Autopsy Inspection Inquiry and in my opinion de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 20e. Time Of Injury Month, Day, Year 20d. Injury OCCURRED for Month of While of Work of Work of While of Work of While of Work of While of Work	DEPUTY MEDICAL EXAMINER PERFORMED? YES NO PREFORMED? NO PREFORMED. NO PREFORMED? NO PREFORMED? NO PREFORMED. NO PRE				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Flat While of work at work cause of the remains described above, he death resulted from Natural causes. 21. I certify that I took charge of the remains described above, he death resulted from Natural causes. ACTUAL SIGNATURE EXAMINER'S James I. Boyd 22e. Burlal, (Specificant) 22b. Date Thereof 22c. Name of Cemetery or	d an Autopsy Inspection Inquiry and in my opinion de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E. While Not While of work at work at work at work at work at work at work accident Natural causes. Accident Suicident Signature EXAMINER'S NAME (Type) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E. While of work at	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) PERFORMED? YES NO PREFORMED? YES N				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Flat While of work at work cause of the remains described above, he death resulted from Natural causes. 21. I certify that I took charge of the remains described above, he death resulted from Natural causes. ACTUAL SIGNATURE EXAMINER'S James I. Boyd 22e. Burlal, (Specificant) 22b. Date Thereof 22c. Name of Cemetery or	DATE SIGNED CREMATORY Performed (Siele) Performed (County) (County) Performed (County) (Siele) Performed (County) (Siele) Performed (County) (Siele) Performed (County) (Siele) Performed NO (County) (Siele) Performed NO (County) (Siele) Performed NO (Siele) Performed NO (Siele) Performed NO (Siele) (Siele)				

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is necessary, is necessary, incorporate page in your files, or your files, or your files, or you files, in the page in the pag TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please extracted within 24 hours after death. If any delay is necessary, please extracted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. It your files, TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. **V5. A15ME**

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

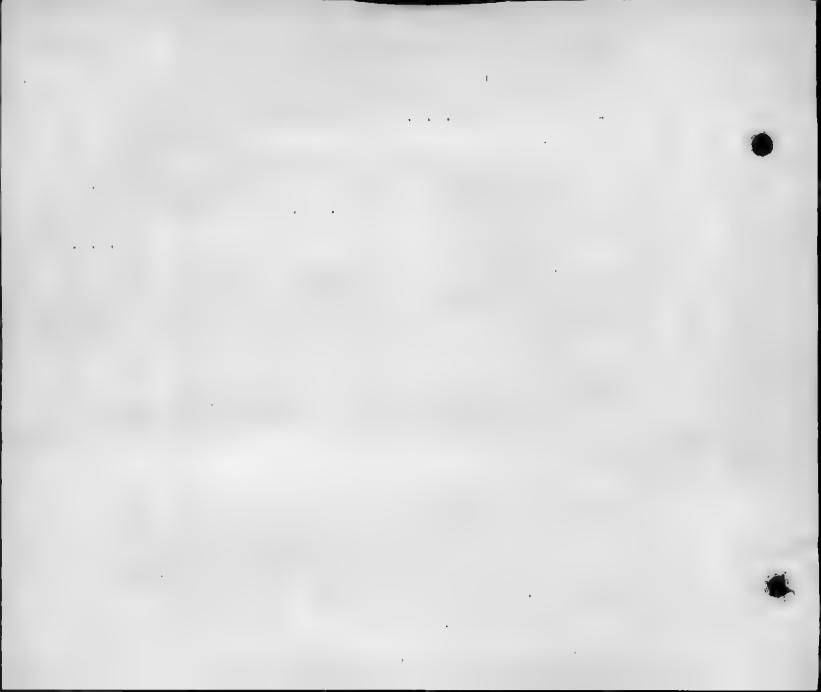
DUE TO CONTRIBUTING LOUNG Letter CONTRIBUTING LOUNG COLORED CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (To the CONTRIBUTING CAUSE OF DEATH (To the Contribution of the		MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
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With BURNAL or give nessed lown) Cheverly Cheverly A. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireal address) Prince George & General Hospital Prince George & General Hospital Nodde Prince George & General Hospital Nodde Last Prince George & General Hospital Nodde Last Nodde Last Dearth December 22, 1961 Dearth December 23, MARIE OF BURNER MARERID Devember 24, 1961 Dearth December 24, 1961 Dearth December 25, 1961 Dearth December 26, 1961 Dearth December 27, MARIE OF BURNERS OR INCUSTOR II. BERTHLACE (Size or foreign country) Leborer Sanitary Column Maryland U.S.A. Patrick Hall Dearth Dearth December Sanitary Column Maryland U.S.A. Dearth Leborer Sanitary Column Maryland U.S.A. Patrick Hall Dearth December Sanitary Column Maryland U.S.A. Patrick Hall Dearth Dearth December Sanitary Column Maryland U.S.A. Patrick Hall Dearth December Sanitary Column Maryland U.S.A. Patrick Hall Dearth December Sanitary Column Maryland U.S.A. Patrick Hall Dearth D)	a. STATE b. COUNTY					
S. NAME OF MOSPITAL OK INSTITUTION (I med in hospital, give sheet sedew) J. S. SEC.	,	b. CITY OR TOWN (if outside corporate l.m.is, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)					
Prince George's General Hospital 221 West 8th., Street S. NAME OF No. N		Cheverly T Bowle					
Prince George General Hospital 221 West 8th. Street NARKOF Street No NARKOF No North No	j	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS O. IS RESIDENCE ON A FARMAN					
3. NAME OF DECEMBED 1. SECOND ON RACE Second Company	1						
10.5 SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED N		PROFESSION NO. 1401					
5. SEX SEX 6. COLOR OR RACE 7. MARRIED D. NYER MARRIED D. DATE OF BRITH 100. USUAL OCCUPATION (Gree kind of work 100. USUAL OCCUPATION (Gree kind of work 100. KIND OF FUNNESS OR INDUSTRY 11. BIRTHELACE (Slates of foreign country) 11. COLOR OR RACE 7. MARRIED D. KIND OF FUNNESS OR INDUSTRY 11. BIRTHELACE (Slates of foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (a). 18. CAUSE ON DEATH (Enter only one cause per line for (a); (b), and (a). 19. MARRIED DUE TO DUE		(Type or print) Joseph Alfongus Holl December 22, 1961					
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Same as 12 Same							
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23. FUNERAL OFFECTORY ADDRESS 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		REMOYAL (Specify)					



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed leved, if Institution: Residence before admiss on) a. COUNTY b. COUNTY B. STATE Prince George's Maryland MARYLAND death. and b. CITY OR TOWN (if outside corporate I m ts, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY N 16 ģ write RURAL and give nearest town) Cheverly Landover 20 days within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Largo Prince George's General YES NO completely 40 3. NAME OF M.ddle 4 DATE Month Des Yaar paper BUSINESS OF REAL PROPERTY. OF (Typa or print) DEATH December 19 C Rosa Hanson carbon Ŧ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthday) and Months Days Hours Colored Female WIDOWED [DIVORCED event, physician remove 10a. USUAL OCCUPATION (G'va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) dona during most of working life, avan if ratinad) Housewit 13. FATHER'S NAME MOTHER'S MAIDEN NAME guip 15. WAS DECEASED EVER IN U.S. ARMED FORCEST affen 16. SOCIAL SECURITY NO. 17 Address (Yas, no, or unkown) (if yas give war or datas of sarvica) the 18. CAUSE OF DEATH [Enter only one cause peal na for (a), (b) and (c), INTERVAL BETWEEN physician. þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (a) DUE TO attending peen gava risa to immadiata causa DUE TO (a), stating the underlying has causa last. the ò PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(#) 19, WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? 12 NO use 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached WEDICAL <u>ک</u> 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, (County) 2Dc. TIME OF INJURY 20f. (City or town) (Stata) Month, Day, Yaar factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work may be refaine DIRECTOR: 19 21. I certify that (I) (this hospital) ettended the deceased from. ..., and that death occured at 12.18 Orom the causes and on the date stated above, saw the deceased alive on shoul MED. M. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED C PHYS DIRECTOR PHYS. director, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type HOSPI ath. Pa death. JUR.AL, CREMATION, 1 236. DATE THEREO CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. REMOVAL (Spacify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased jived, if institution Residence before edmission) e. COUNTY director, Page or your files. and of Health, a. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George sc. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Cheverly D.O.A. Hyattaville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 5025 37th Place Prince George's General Hospita ith. If any del to the fr be retain the State in YES NO 4 3. NAME OF 4. DATE DECEASED OF Ellen Gertrude Hardester (Type or print) DEATH December 28 FIF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey] Months Deys Female White and 1888 s 1, 2, and age 5 m 1 and 2 72 hour WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page ! HOBSE WITE aven If retired) Own Home Maryland U.S.A. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Louis Francis Souder Margaret Mary Lanhardt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7310 Boylor Ave (Yas, no, oc unkown) [Hyesgivewarordelesofserv.ce] Walter Bayton Alexander College Park, None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Office along burial-fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion pencil IMMEDIATE CAUSE (a) This certificate should be Office removal, **DUE TO** Coronary artery disease Conditions, if eny, which geve rise to immediate cause D) EN y, writing the word "pending" he Chief Medical Examiner's: Page 3 should be used as a prito burial, cremation, or re-**DUE TO** (a), stating the underlying Cardiovascular renal disease PART I. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hom 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) Hour e.m. Not While certificate, w prior at work at work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry [and in my opinion forwarded I death resulted from: Natural causes X. Accident . Suicide Homicide Undetermined manner the CHIEF MEDICAL EXAMINER designated ACTUAL cute ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE 12/28/61 DEPUTY MEDICAL EXAMINER James I. Boyd NAME (Type) Address (Street, city, town, or county) DE 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Burial 40 % Ft. Lincoln M^{D} Colmar Manor, ADDRESS 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilun & Kruns Francis Gasch's Sons Hyattsville, Maryland DATE AN 2 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14312 CERTIFICATE OF DEATH 14282

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
П	a. COUNTY	a, STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b	Maryland Prince (Feorge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	write RURAL and give neerest town)	F2 2
	Lourel	7 Beltsville
, I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS a. IS RES DENCE ON A FARM?
41	Laurel General Hos ital	
ŀ	3. NAME OF First Middle	Lest 14. DATE Month Day Year
П	DECEASED	OF
1	(Type or print) Anna E.	Harris December 2 19 61
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
П		fast birthday) Months Deys Hours Min.
H		April 7, 1923 38 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working I fe, even it retired)	Y 11 BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired CLERK, U.S. GOVT	faryland
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Thomas E. Harris	Msie L. King
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. II (Yes, no, or unknown) (Ilyesgive war or dates of service)	NFORMANT Address
	No Unknown	Hospital Records
1	iB. CAUSE OF DEATH [Enter only one cause per line for (a,, (b), end (c))	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Milley Cerka 20 yrs.
1	JE TO J.	1. 1. 1.
1	Conditions, if any, which (b) MMMILL ST	tel-Wilson sem Varial 1.115 -
	gava rise to immediata cause	The state of the s
	(a), slating the underlying DUE TO	11. th 10. 5000
	cause last.	en walle the term
	PART II. OTHER SIGNIF CAND CONDITIONS CONTRIBUTING TO DEATH BUT NO	TELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
	El Klade to This end of	YES I NO VO
	PART II. OTHER SIGNIF CARY CONDITIONS CONTRIBUTING TO DEATH BUT NO 2DB. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DEATH OR CONTRIBUT	(Enter nature of injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	a format identity of suffer by the stand of them ideal
		CE OF INJURY (Home, farm, '2DL (City or town) (County) (Slata)
	Hour a.m. While Not While factor at work at work	ory, street, ollice bldg., etc.)
		10/1 10/10 10 10 10/11 10/11
		12 f. 1
	saw the deceased alive on	death occured at 7
	22a SIGNA UPE	22b. DATE
	V MANACOL - M	ATTENDING MED. STAFF DIRECTOR PHYS. 12/2/SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAM (Type)	
	John u. warren,	_ 307 rince worse street, surel, mary r
	238. BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY (OR CREMATORY 23dy LOCATION (City, town or county) (Signa)
	Buriat 12-6-1961 Jost June	oln Cem Disdensburg Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	W. W. CHAMBERS CO., Riverdale,	Ma. DADEC 6 '61 Ochar & Kom

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part is may be relatined by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Less 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A' (4) 1SM 9/60



RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14313 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY a. STATE COUNTY MARYLAND b. CITY OR TOWN (if outside comparate limits, write RURAL and give negres) c. LENGTH OF STAY IN 16 OWN (If orbide corporate limits, write RURAL and give neares) c. CITY OR d. STREET ADDRESS IS RESIDENCE INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 405 NAME OF DECEASED DEATH (Type or print) carbon 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE NEVER MARRIED last birthday) | Months and Hours WIDOWED physician 10b. KIND OF BUSINESS, OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PETTOVE 10a. USUAL OCCUPATION (Give kind of work (County & State or foreign country) done during most as working life, even if relired) 13. FATHER'SNAME MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 1 16. SOCIAL SECURITY NO Address (Yes, no, or Junkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one aguse per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), staling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED 206. ACCIDENT WAS UNDERLYING .TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. e! work et work p.m. 21. I certify that (I) (this cospital) attended the deceased from Musici saw the deceased alive on. 22b. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22c, PHYSICIAN'S 22d. NAME (Type) filed 23d. LOCATION (State) BURJAL, CREMATION, (City, town or county) MOVAL (Specify) MEGISTRAR'S SIGNATUR REGISTRAR interny S. House

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CTOR:



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

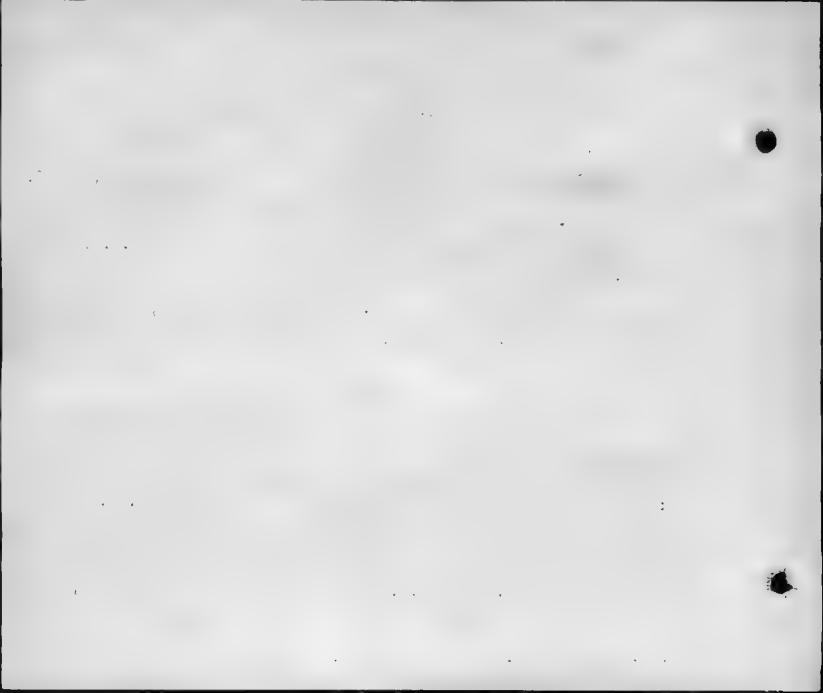
				14285===
IJ	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decresed lived, if institution	
1	Prince Georges	MARYLAND	Maryland b. copyrin	ce Georges
ľ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give neerest town)
-1	Forest Heights		/5 Forest Heights	
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if no	it in hospital, give street eddress,	d. STREET ADDRESS	. IS RESIDENCE
-	113 Seneca Drive	,	/ 113 Senaca Drive	YES NO
- 1	3. NAME OF First DECEASED	M ddle	4. DATE December	7, 0°1961°°
	(Type or print) Grace		Hearton	19
1	5. SEX 6. COLOR OR RACE 7.	MANUEL SALES IN MANUEL S	DATE OF BIRTH 9. AGE (In yeers IF UND lest birthday) Month	ER T YEAR IF UNDER 24 HRS.
1	female white w	IDOWED DIVORCED	11/13/01 1831 birinday) Month	s Deys Hours Min.
Ì	IDe. USUAL OCCUPATION (Give kind of work	106. KIND OF BUS NESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
П	done during most of working life, even if refired) HOUSEWIIO		Cumberland, Md.	U.S.A.
4	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_
1	Charles W. Brooks		Sarah E. Marshall	
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	
1	(Yes, no, or unkown) (Ifyesgivewerordetesofservi	ce) ?	Chomas J. Hearton same	as #2
1	18. CRUSE OF DEATH [Enter only one can			I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Charan	The last of	ONSET AND DEATH
1	IMMED.ATE CAUSE (e)	Lancino	vary carenoma	6 ms
-	DUE TO	m		1 2
1	Conditions, if any, which (b)	ann	very curenoma	1,5 Ara
П	(e), sleting the underlying DJE TO		1	
1	cause lest. (c)			
1	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	'ART 1(a) 19. WAS AUTOPSY PERFORMED?
П	E C			YES NO
	PART 1. OTHER SIGNIFICANT CONDIT. OF 20 20 ACCIDENT WAS UNDERLY NG 20 CONCONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of 'n'ury in Part I or Part II of Iam 18)	
1		1 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 20f, (City or town)	County) (Stele)
1	20c. TIME OF INJURY Month, Day, Yeer Hour e.m.		ory, street, office bldg., etc.)	Codultà) (Sieie)
-1	¥ p.m. 19	et work et work		
1	21. I certify that (I) (this hospital)	attended the deceased from.	4-26, 1966, 10 12-6	
1	saw the deceased alive on	19.6.1 and that	death occured at 19.115.M. from the causes and o	on the date stated above.
- [220. SIGNATURE		ATTENDING MED. STAFF	22b. DATE SIGNED
	Jeanne Co Bai	Perusion M	D. PHYS. DIRECTOR PHYS. 72	-7-61 SIGNED
Į	22c. PHYSICIAN'S		22d. ADDRESS	
-	Jeanne C. Ba	teman	940-25 STNW	al y 2/, b
ı	230. BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY		
	##°Y6' \%1'Y) 12/8/6	1 Hill Crest	Cemetery Cumberland, M	d
	24 FUNERAL DIRECTOR'S SIGNATURE	2901 Tuth St	N.W. 258. REC'D BY REGISTRAR 256. REGISTRAL	
	The S.H. Hines Compa	iny Washington	D.C. DATE DEC 8 '61 Coth	-1 S. Krune
1				



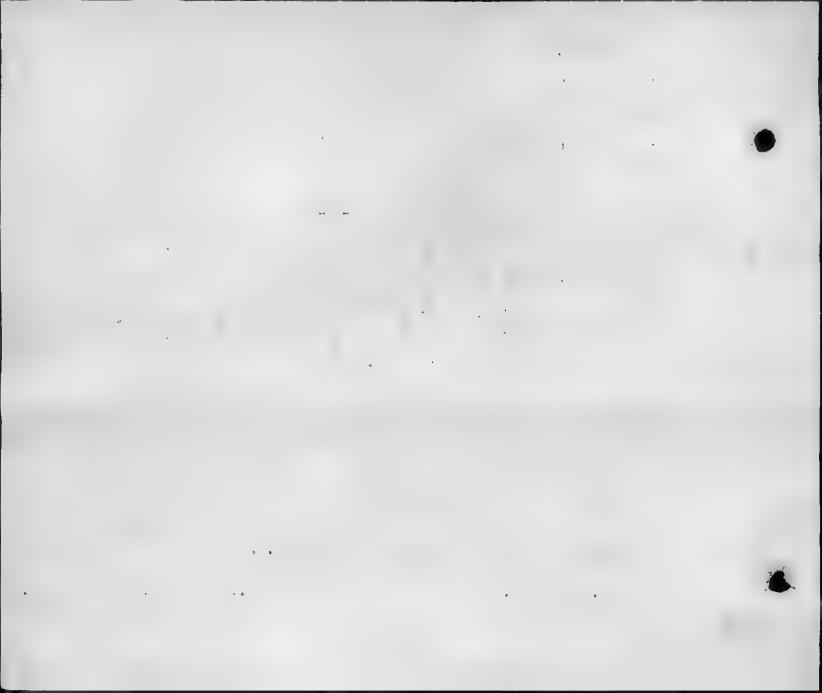
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut on: Residence before admission) frector, Pr. vour files. a. COUNTY Prince George's . STA District of Columbia MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Washington Cheverly D. Q. A. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Prince George's General Hospital 1.10 T Street YES NO K State J. NAME OF DECEASED Middle 4. DATE Hugo (Type or print) Hespen DEATH December 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TE 8. DATE OF BIRTH 5. SEX 9. AGE (In years) IF UNDER 1 YEAR iast berthday) Months Male Nov. 12, 1905 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, aven if retired) Library USA Germanv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelm? Hespen Aneta Egberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yet no, or unkown) (Ifyesg.vewerordetexofservice) George A. Schwegmann 3534 Porter St., N.W., Wash.D. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ing" in pencil in It or's Office along vis a burial-fransit premoval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolus IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 8 Acute myocardial infarct NO 4 pinous 208 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief the Chie 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) While __Not While fectory, streat, office bldg., atc.) at work at work please execute the certificate, v. 4 should be forwarded to the D PUNERAL DIRECTOR; por its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy | x |. Inspection | x | inquiry by and in my opinion Natural causes X Homicide [Undetermined manner death resulted from. Accident [Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER December NAME (Typa) ames I. Boyd Address (Street, city, town, or county) DEPL 22c. NAME OF CEMETERY OR CREMATORY 22a. BUR. ALX CREMATION 22d. LOCATION (City, town, or country) KEWON YEST STREETS Rockville, Ad. g40 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Home 300-4th St. N.E.



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution- Residence before admission) b. COUNTY Prince Georges County CITY OF TOWN (If outside corporate limits, write RURAL and give nearest lown) Y. LENGTH OF STAY N 16 write RURAL and give neerest lown) 5 Spencerville d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route Transit Truck Center YES NO X the fur retain-ne State 3. NAME OF 1 4. DATE Year Middle Month DECEASED to the OF the {Typa CLARENCE ROBERT HTRN Death December 61 Pa Page 5 may be as 1 and 2 with # 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) March WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Ohio U.S.A. Borden Company WRUCK DRIVER pages 1 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME Edward C. Hirn Myrtle Chapman File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Breese Road (Yes, no, or unkown) (Ifyesgive war or dates of service) Mr. Robert Hirn. Lima. Unknown Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ir's Office along v s a burial-fransit p removal, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Hemorrhage and shock JMMEDIATE CAUSE (a) DUE TO Fracture of the base of the skull, crushed chest (b) gave rise to immediate cause XXXX (a), stating the underlying Compound fractures of both tibias and fibulas pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 8 NO F Medical 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) writing the Chief Manage 3 sho CAUSE OF DEATH. Pedestrian struck by an automobile 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, 1 20f .C by or lown) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) Not While 中心 al work Laurel Route 7 . 20 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my opinion ō ilease exactite the certific I should be forwarded to PUNERAL DIRECTC It its designated agent, p Accident * Suicide Homicide Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED December 12. JAMES BOYD, M.D. NAME (Type) Address (Street, city, town, or county) DEPU 25. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Q40 9 VS. AISME Riverdale, DATE DEC 1 5 6 5M 9160



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Rasidence before admission) e. COUNTY **b.** COUNTY Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest lown) þ days Cheverly Landover d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give streat address a. IS RESIDENCE STRIFF Cleveland Street ON A FARM? Prince George's General Hospital East Columbia Park NO [8 × 3. NAME OF 4. DATE DECEASED (Type or print) DEATH December Frank Hooper 19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. and last birthday) Months Days Hours Male White WIDOWED -DIVORCED [physician 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OF INDUSTRY (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) arkinte 13. FATHER'S NAME = affending plea (Yes, no, or unkown), (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one cou NTERVAL BETWEEN NSET AND DEATH . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve risa to immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIO 19. WAS AUTOPSY PERFORMED? NO T 20%. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED : 20g. PLACE OF INJURY (Home, form, 1 (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Not While fectory, street, office bldg., etc.) While Hour a.m. et work at work D.D. 21. I certify that (I) (this hospital) attended the deceased from ! and that death occured at 2:20, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 5701 85th Ave. Carrollton Hyattsville Md. William D. Rosson FUNE filed , NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b (State) REMOVAL (Specify) ğ đ POL wind 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURI VR A15 (4) Comment S. Thomas 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES NO X

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

1961

U. S. A.

(County)

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY b. COUNTY Prince George S Prince George's the Id 2 MARYLAND c, CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 Š write RURA, and give ecerest town) Chapel Oaks hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address; d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5620 Nye Street Prince George s General YES NO NAME OF Middle. 4. DATE DECEASED Annie Johnson DEATH December (Type or print) carbon 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR JE UNDER 24 HRS. and Last birthday) Days Colored 6-10-12 Female WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B.RTHPLACE (County & State, or foreign country) 1 12. C TIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Cook 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown), (Hyesgive war or detesof service) 18. CAUSE OF DEATH lEnter only one cause per the for (a), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure MMEDIATE CAUSE (a) Bilateral Hydrothorax DUE TO (e), stating the under ying Cirrhosis of the Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter neighe of injury in Pert I of Tem 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) factory, streat, office bldg., etc.) While Not While et work et work 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN 5 23- NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 23b. (Stote) 0 VR A15 (4) 15M 9/60



CERTIFICATE OF DEATH Reg. Dist. No. the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before pdmission) and b. COUNTY o. COUNTY MARYLAND (200 B executed within 24 hours after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give gearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF 4. DATE Middle filled OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 5 SEX 7. MARRIED NEVER MARRIED lost b ribday) Months Davs Hours DIVORCED [7] WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BYrequires that the IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [7] 20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work all work 21. I certify that I attended the deceased from 19. L. that I last saw the deceased at 9000 - M, from the causes and on the date stated above. and that death occurred ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or counted (State) 3 REMOVAL (Specify) ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE EC 1 4 '61 KORFY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



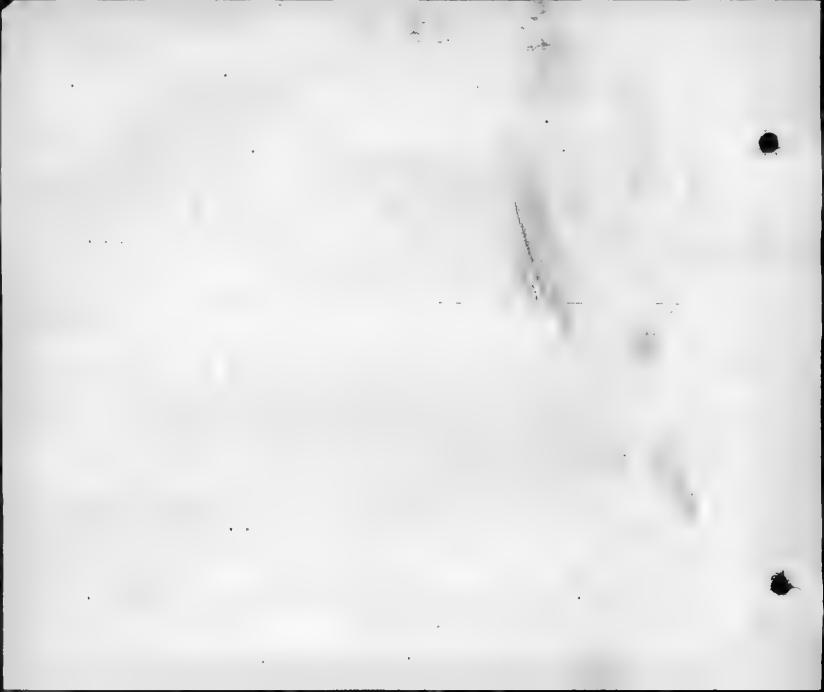
VR A15 (4) ISM 9/59

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MARYLAND	STATE	DEPARTMEN	NT OF HEALTH
A OF CHARLESTICAL	DECEA DOLL	AND DECORDS	CALTINOPP & SALES

		DIVIS	ION OF	STATISTICAL RESEAR	CH AND RECORD	S - BALTIA	MORE 1, MARYL	AND			
		17.201	T.	* D:1 0	CATE OF I	DEATH			142	90	
1.	PLACE OF DEATH o. COUNTY Prin	ce Georges	Coun		2. USUAL RE		ere deceased lived. rd St. b.	COUNTY [Residence before nody	Hill	8 .
		f autside carparate lim		c. LENGTH OF STAY IN	16 c CITY O	R TOWN (If a	utside carporate limi				
-	e41	Al The not in haspital, s	give street o	10 days	d. STREET	mody H	ills				FARM?
=				Hospital	1 222		t. Carno	v	ls, Md		NO D
3.	NAME OF DECEASED	Fit Mer	rtle	Middle	(McInturii	Lgit	4. DATE OF	Month	D	-,	Year
_	(Type or print)	•			Jones	DTG	DEATH	12	JNDER 1 YEAR	-	19 61
	F	6 COLOR OR RACE		IED NEVER MARRIED			last	pirthday) h	Aanths Days	Hours	Min
10		NI /Core bod = Core b	WIDOWE					9/ 413	12.CITIZEN O	EMULATO	CHINITEYS
EG	during most of work Housewi	A		KIND OF BUSINESS OR WN Home		rvland			U.S.		CONTRIP
13	FATHER'S NAME	10		WII TIOMO		R'S MAIDEN N			, 0000		
	Wm. Jewell				Blar	che ?					
15	. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Address	1		
	es, no, or unknown)	If yes, give war ar dates of :	PBLAICE)		I	lospita	al Record	S			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] / INTERVAL BETW							TWEEN			
	PART I DEATH WAS CAUSED BY.								ON	SET AND	DEATH
	5811	IMMEDIATE CAUSE (c	'	PULL	<u> </u>	, – 0	/				
	Canditians, if a		17	duAnc	ed	771c	shol	1			
	gove rise to in	nmediate (1	,	/ /					
1	lying cause last	te under-		11110	515 0	1-1 4	JUCR				
CATION	PART II. OTH	PART II. OTHER'S GNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE									
2.2	20. LOCIDENT INC	S UNDERLYING CAUSE OF DEATH	20b DESC	CRIBE HOW INJURY OCC	URRED. (Enter natur	e of injury in F	Part I or Part II of it	em 1B }			
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c TIME OF INJUR Hour a.m. p.m.	Y Manih Day, Ye	ar 20d. In While at warl	Nat while	PLACE OF INJUR factory street, of	Y (Hame farm, fice bldg., etc.	, 20f. (City or taw	n)	(Caunty)	(State)
		t (1) (this hospito	l) attend	led the deceosed fr	om 11/21	16	1 10 12	/3	, 19.61 1	not (I) (wel lost
L	sow the deceas	7.0	/3		hat death occur	red 4:45	M from the co				
L	22a S GNATURE	1		4	iai deaili occor	100 01	m, non me co	20303 0110	on the dor		b DATE
	1	Lalen	. W	Kelley	M D PHYS	ING ME	ED STAF				SIGNED
L	22c. PHYSICIAN'S NAME (Type)		1	6	22d. AD	DRESS					
L	(type)	Dr. Gordo	n W.	Kellev	6124	LIST A	venue. Hy	attsvi	lle. Mo	1_	
2.	BURIAL, CREMATIO	N, 23b, DATE THERE		23c NAME OF CEMET	ERY OR CREMATORY		23d LOCATION (C			(Stat	e)
	REMOVAL (Specify)	12/7/196	1	Ft. Lin	coln		Colmar	Manor.	Md.		
2	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a REC'I	D BY REGISTRAR	25b, REGISTE	RAR'S SIGNAT	JRE	
	W Gana	bla Cons	4770	Doll A Jane	77 4.4	3 0 175 34 5	neo 3 1	161	arthur	A. TULA	ALM:

F. Gasch's Sons 4739 Balt. Ave HyattsvilleATE Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (What's deceased lived If institution. Residence before admission) o. COUNTY Filed o. STATE b. COUNTY MARYLAND e funeral o b CITY OR TOWN (If outside corporated imits, write c. LENGTH OF STAY IN 16 c. CITY OR DWA (If outside corporate limits, write RURAL and give negrest town) PURAL and give nearest town) NAME OF HOSPITAL (If not in-Hospital d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P .= D NAME OF Middle 4. DATE Doy Month Filled Yeor DECEASED OF DEATH (Type or print) 10 SEX AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS camplemly 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH Months Doys Haurs popers. WIDOWED -DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 8 RTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Housewife life, even if refired) Own Home England England and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Robert George Kelly physici Mary Walker 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Violet Kelk Same as #2 attending (Daughter) no none CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ₻ ONSET AND DEATH PART I DEATH WAS CAUSED BY: **DUE TO** ģ Conditions, if any, which gnell (b) gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m While Not while at work 🗔 Ol work 21. I certify that I attended the deceased from Lithat I last saw the deceased that death occurred at alive an M, fram the causes and on the date stated above. RECTOR DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF THE OF OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Cremation 12/5/61 Colmar Manor, Md. Ft. Lincoln O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Francis Gasch's Sons Hyattsville, Marylande 15M 10/57

er death. Page

hours





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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland b. COUNTY Pro George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I LYACTSVIILE Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 63 Hyattsville Md.
d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION Pladison Nursing Home (5801 - 42 hdave.)	d STREET ADDRESS 4403 Madison street e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) William	Kerr JATE Month Doy Year DEATH Dec 26, 19 61
s. sex 6 color or race 7. married Never married White Widowed D DIVORCED	B. DATE OF BIRTH March 19, 1866 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Manager Abrasive firm	STRY 11. BIRTHPLACE (Stole or foreign country) New York U.S. A
13. FATHER'S NAME Enoch Kerr	14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. (If yes, give war or dates of service)	Madison Mursing Home Hyattsville Md.
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. DUE TO (c)	Interval Between ONSET AND DEATH 3 Mars
A ACCIDENT WAS UNDERVINE TO 1200 DESCRIPE HOW INTURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO O. (Enter nature of injury in Port 1 or Port 11 of Item 18.)
	ACE OF INJURY (Hame, farm, 20f {City or town} (County) (State)
220 SIGNATURE	Leath accurred at D.M., fram the causes and an the date stated above ATTENDING MED STAFF
	a Cemetery Colmar Manor Md
F. Gasch's Sons Hyattsville Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OATERN 8 '62 C in A. Thoma

to puzt -1035

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1 PLACE OF DEATH A TO GO	2 USUAL RES	IDENCE (Where deceased lived. If ins	titutian Residence before admission)
o. COUNTY Prince George's	a STATE	laryland b cou	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Berwyn Heights Md 19 y	1 / O B.	TOWN (If outside corporate limits, we rwyn Heights Md.	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 6305 Tecumseh Place	/ d STREET 630	ADDRESS 95 Tecumseh Place	e IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) First A	Middle Kidwell	4. DATE OF DEATH	Manth Day Year Dec 5, 1961- 19
s sex 6 COLOR OR RACE 7. MARRIED NEW WIDOWED	er married B. date of bir bivorced Sept 1	last birthd	ears IF UNDER 1 YEAR IF UNDER 24 HRS. Graphy Months Days Haurs Min. Min.
10a. USUAL OCCUPATION (Give kind of work done lob, KIND OF BU during most of working life, even if retired) *Ketired Cable Splicer C & P		Washington D C	U.S. A
13. FATHER'S NAME	14. MOTHER	S MAIDEN NAME	
Harry Kidwell		na Ogle	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIÁL SEC (Yes no. or unknown) Ilif yes, give war or dates of service) 577 OL		V2 a 3 2 D	Address
no 377 OI	3319 Ruth H.	Klawell Berwy	n Heights, Md.
18. CAUSE OF DEATH [Enter anly ane cause per fee far (a), (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-	Abril 8	we fear	INTERVAL BETWEEN ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Enter nature	af injury in Port I ar Part II af item 18	1
20c. TIME OF INJURY Month, Day Year 20d INJURY OCCI Haur a. m. 19 of work of war	hile factory, street, offi	(Hame, farm, 20f (City ar tawn) ce bldg., etc.)	(County) (State)
		ed at A M, from the cause	s and on the date stated above.
220 SIGNATURE	M.D. ATTENDI		148 DATE
22c. PHYSICIAN S NAME (Type) WLI, ETIE	INNE 22d. ADB	allege () why aff
REMOVAL (Specify)	e of cemetery or crematory Lincoln Cemeter	y Colmar Man	
24. FUNERAL DIRECTOR'S SIGNATURE ADDR		250. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsvil	le, Md.	DATE	



MARYLAND STATE DEPARTMENT OF HEALTH PLACE OF DEATH 326 MEDICAL EXAMINER'S W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FUR STATE CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) director, Page or your files. e COUNTY b. COUNTY Prince George's MARYLAND Maryland Maryland Prince George is CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 16 write RURAL end give neerest town) d. NAME OF HOSPITAL DRAWSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 50th Avenue ON A FARM? State Prince George's General XXXX Expressed Free Contract C YES NO Hospital If any of the life 3. NAME OF First 4. DATE Yeer DECEASED OF the (Type or print) Raymond Lawrence King DEATH after December 1961 uld be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, and 3 to 10 Mice along with form PM3. Page 5 may be purial-transity permit. File pages 1 and 2 with the over!. And in any event within 72 hours after 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Male White WIDOWED [DIVORCED [Yes. 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR NOUSTRY! 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Statistical Washington, C. Office along with form PM3. burial-transit permit. File page 13. FATHER'S NAME Raymond King Mary Blake 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address. Hillside. (Yes, no, or unknown) i (Ifyes give were relates of service) Mrs. Mary E. 50th Ave., King. Unknown 18 CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Exhaustion IMMEDIATE CAUSE (e) removal, DUE TO Fracture of the skull and laceration of the brain if eny, which (6) "pending" gave rise to Immediate cause ro DUE TO (a), stating the underlying Medical Examiner 88 占 pesn. cause lest. cremation, PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Cute the certificate, writing the word be forwarded to the Chief Medical E. M. DIRECTOR: Page 3 should be NO X 2De EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. AEDICAL EXAMINER: Operator of a motor cycle that got out of controll age 3 : to buri 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While et work et work Marlhoro Pike prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry . agent, Accident X Suicide Homicide [Undetermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE, DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James I. Boyd Address (Street, city, lown, or county) 228. BURIAL, CONATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF THE MAN TOR 22d. LOCATION (City, town, or country) ARMIN WAL (Specify) 240 g Cedar Hill OH Cemeterv Suitland 24 - REC'D BY REGISTRAR | 246; REGISTRAR'S SIGNATURE VS. A15ME W. W. CHAMBERS Riverdale, Md. 5M 7/59 CO. DATEJAN 4 Calley & to



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		DIVIDION OF	SIMILIBILITY KESTAKELI MIAR	MECONDS DVFI
1	432	27	CERTIFICATE	OF DEATH

1.4327	CERTIFICA	TE OF DEATH		44005				
1, PLACE OF DEATH		2. USUAL RESIDENCE (Wh		on: Residence before admission)				
o. COUNTY Prince George	S MARYLAND	o. STATE Marylai	b. COUNTY	Prince George's				
b. CITY OR TOWN (If outside corporate limits, w	rile c. LENGTH OF STAY IN 16	H	utside carporate limits, write Ri					
College Park	20 years	7/ Colle	ege Park, Md					
d. NAME OF HOSPITAL (If not in bospital, give :		d. STREET ADDRESS	Bo swally tru	e. IS RESIDENCE				
4503 Amberst Road	,	4503 Am	herst Road	ON A FARM? YES NO A				
		*						
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon					
(Type or print) Ler		Kirsch	DEATH Dec	7, 19 6				
male lubite	MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH	36 AGE (In years last birthdoy) 75 yrs.	Manths Days Haurs Min.				
10a USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY				
during most of working life, even if retired) Salesman	Insurance Co	Ohio		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
Herman Kirsch		Alice	May Chapman					
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	ress				
(Yes, no, or unknown) (if yes give war or dates of service	1 1	Margaret Beta	z Kirsch Co	llege Fark, Md.				
18 CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Contamics of live 1 tent Pinere 2 422								
420.D DUE TO								
Conditions, if any, which) (b)	Conditions, if any, which)							
gave rise to immediate	gave rise to immediate							
lying cause last.								
PART II. OTHER SIGNIFICANT CONDITI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITION	Some Employeemen - Govern Debility PERFORMED? YES NO DE							
THE EITHER, NOTIFY MEDICAL EXAMINER)	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING EXAMINER)							
	20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	20f. (City or town)	(Caunty) (State)				
Mour o m.	While Nat while to the work at wark	ctory, street, affice bldg., etc.)					
21 I certify that (I) (this hospital) o	ttended the deceased from.	9-8 19	60, to 12-7	, 19_6_/. that (I) (we) last				
saw the deceased ofive on								
22a. SIGNATURE				22b, DATE				
Waldo B. mo	162	M.D PHYS A	RECTOR PHYS	SIGNED				
22c. PHYSICIAN'S		22d. ADDRESS						
NAME (Type) Waldo B. 1	Moyers	3503 Pe	-rry St. Mt	b. Rumier Md.				
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d ŁOCATION (City, town of	or county) (State)				
Burral (Specify) 12/9/61	Cedar Hill		Suitland,	Md.				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 1256 REGIS	STRAR'S SIGNATURE ALLA				
Francis Gasch's Sons	Hyattsville,	Md. DATE	3 1					



certificate be executed within 24 har er death. Page 4 ng physician and campletely filled in the funeral director, s remove carbon papers. Pages 1 and should be filed with event, within 72 havrs after death.	b CITY OR TO RURAL COND LAND d. NAME OF OR INSTITUTE OR TO SECUTIVE OR TO SECUTIV
HOS I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has noy been by the haspital an attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bage 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and he State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	IB. CAUSE PAR Condition gove rise couse (o), lying cous PART 20a. ACCID OR CONTR! (IF EITHER, I 20c. TIME O Hour 21 certi Say the c 22 PHYSIC NAME
HOS FUNERA Page 3 sh he State E	23a BURIAL, CR Burial

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1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14328 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Prince George MARYLAND Prince George Maryland OWN (if outside carporate limits write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) give nearest lown) Lanham iàm HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8907 Annapolis Road Annapolis Road YES NO St 4. DATE Day Middle Lost Month Year PAUL 22. LANHAM Dec. DEATH 61 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours White Oct. 21, 1886 WIDOWED [DIVORCED | (UPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? of working life, even if retired) perations D. C. Goverment Washington D. C. U.S.A. ME 14. MOTHER'S MAIDEN NAME Emma Walker nan Lanham 17. INFORMANT SEDEVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Nellie P. Lanham Same as #2 none OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO ta immediate **DUE TO** stating the undere last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🔂 ENT WAS UNDERLYING A BUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) NOTIFY MEDICAL EXAMINERS 20e. PLACE OF INJURY (Home, form, 20f (City or town) FINJURY Month, Day, Year 208 INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Nat while of work at work p. m. fy that (1) (this hospital) attended the deceased fram... deceased alive an and that death accurred at M, fram the causes and an the date stated above 22b, DATE TURE M D. PHYS DIRECTOR . 22d. ADDRESS EMATION, 23b. DATE THEREOF OR CREMATORY LOCATION (City, town or county) 23c NAME OF CEMETE Specify) 12/26/61 Whitfield Cemetery Lanham Md. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR Francis Gasch's Sons Hvattsville, Marvland DATE ! AN ing S. Thomas



er death. Page 4

ATTENDING PMYSICIAN: The law requires that the death certificate be executed within 24 ha

MARYLAND STATE DEPARTMENT OF HEALTH

1	14329	ON OF	CERTIFI	CAT	E OF DEATH	MORE 1, N	MARYLAND	4.190°	7
a. COUNTY Pri	ince George		MARYLA	LI.	usual residence (Who is state Maryla				George v
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville				
OR INSTITUTION	eorge Gene				d. STREET ADDRESS 4313 Galla	tin St	reet		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Guy	t	Middle W.		Latimer	4. DATE OF DEATH	Dec.	_	1, 19 61
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		Date of Birth Dec. 16, 18		9. AGE (In years last birthday) 83 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATI during most of wor Physican	ON (Give kind of work of rking life, even if retired) 1 Retired		KIND OF BUSINESS OR Medical Pro		Y 11. BIRTHPLACE (State Marylan		untry)	12. CITIZEN C	F WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
- 20	B. Latimer			[Mary Se	dwick			
(Yes, no. or unknown)	ER IN U. S. ARMED FORG	rvice)	none	17. INFO	helma S. La	timer	same a		Wife)
	the under- DUE TO		refor (o), (b), and (c).	ni c	Mucual now box	loes:		INT	ERVAL BETWEEN SET AND DEATH
PART IL OT	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)								
PART IL OT 200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m., p. m.	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	Enter noture of injury in F	Port I or Port	II of item 18.}		
20c. TIME OF INJU Hour a.m. p. m.		r 20d. It While at worl	Not while	0e. PLACI factor	E OF INJURY (Home, form y, street, affice bldg. etc.	20f. (City	or fown)	(County	(Stote)
saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Aaron De	itz,	M.D.	M I	27d ADDRESS Prince G	M, from	STAFF SHYS. S	d on the date	hat (I) (we) last e stated abave. 22b DATE SIGNED
230. BURIAL CREMATION REMOVAL (Specify Burial	ON 236 DATE THEREO		23c NAME OF CEMET		REMATORY		nar Man	,,,	(State) Md.
Duriai	12/23/6	T	Ft. Linc	oln		COTT	Har Iviali	OL's	IVICI.

25d. REC'D BY REGISTRAR DATE DEC 2 7 '61

256, REGISTRAR'S SIGNATURE

arthur S. House

Ft. Lincoln

Hyattsville, Maryland

12/23/61

24, FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons

TO FUNERA TO HO VR A15 (4) 15M 9/59



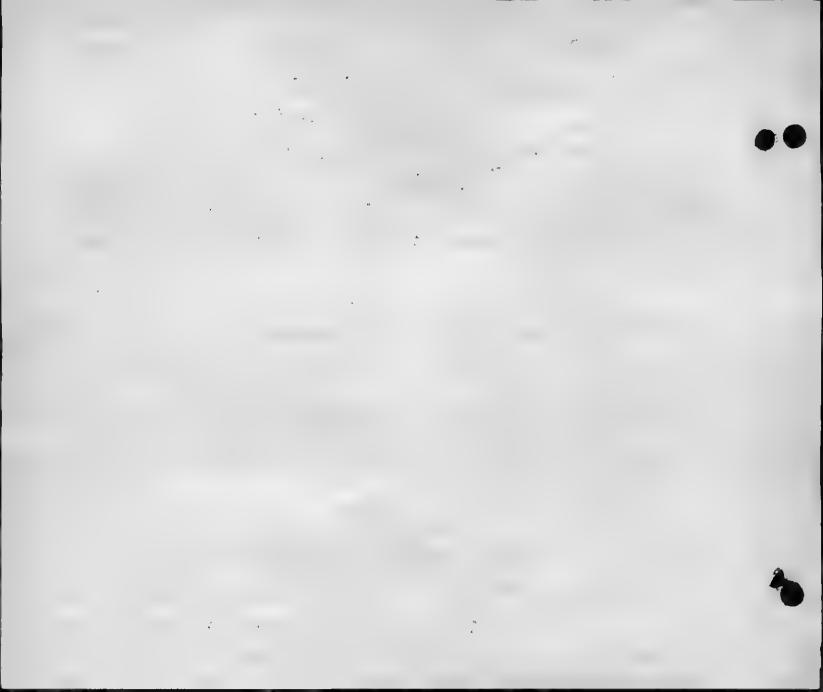
Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 433 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, || institution. Residence balora admission) e. COUNTY director. Page or your files. oard of thealth, Page b. COUNTY Prince Georges Marvland Prince Georges COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. City OR TOWN (if outside corporate | m'ts, write RURAL and give nearest town) write RURAL and give neerest fown) Mou t Rainier Mount Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS Apt. 101 ON A FARM? Queens Chapel Rd. Apt. Queens Chapel YES NO death. und be executed within 24 hours after death. If any in pencil in Item 18. Give pages 1, 2, and 3 to the full Office along with form PM3. Page 5 may be retail ourial-transit permit. File pages 1 and 2 with the Standard in any event within 72 power efter deat 3 NAME OF Middle DECEASED OF (Type or print) DEATH LAWSON 19 61 December 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthday) Months WIDOWED Male White DIVORCED 1906 On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Printer Printing Lynchburg

14. MOTHER'S MAIDEN NAME Virginia 13. FATHER'S NAME James F. Lawson Maude Craddock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address 1209 N. Quaker (Yes, no, or unkown) | . If yes give were r defes of serv. ce) Office along with for a burial-transit permit amoval, and in any e Mrs. Eleanor T. Fussell. Lane Alex. This certificate should be executed No None 578-05-6899 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary Congestion Edemia IMMEDIATE CAUSE (a) 20.0 removal DUE TO Conditions, if any, which Anteriosclerostic Heart Disease e word "pending" Ю gave rise to immediate cause Examiner's DUE TO (a), stelling the underlying ក pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS AUTOPSY CERTIFICATION should be forwarded to the Chief Medical Estudies a Should be forwarded to the Chief Medical EstUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati PERFORMED? NO 1 YES 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH, CAL Month, Day, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Slele) fectory, street, office bldg., atc.) While Not While MEDI et work st work 21. I certify that I took charge of the remains described above, held an Autopsy 🚽 Inspection Inquiry 😙 and in my op nion Natural causes X death resulted from: Accident . Suicide Homic'de Undetermined manner CHIEF MEDICAL EXAMINER Houl O Van Malthe ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE PAUL C. VAN NATTA, M.D., DEPUTY MEDICAL EXAMINER SE NAME (TYPE) 440 Silver Hill Rd Parkland Maddress (Street city, town, or county) December
b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 226. BURIAL, CREMATION | 226. DATE THEREOF REMOVAL (Specify) ₽40 Ft Lincoln Cemetery Burial Dec 11, 1961 Colmar Manor 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Gasch's Sons Hyattsville Md. 5M 9 60

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14331 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidance before admission) a. COUNTY RINCE PRINCE GEERGES the 2 GEORGES MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate | mits, write RURAL and give nearest town) by an write RURAL and give nearest town) d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospita., give street address) ARDMORE .5 a. IS RESIDENCE ON A FARM? YES NO V etely 3. NAME OF Day Yaar DECEASED (Typa or print) DEATH 19 Pon 7. MARRIED NEVER MARRIED 7 . 8. DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) and Months | Days car AUCASIAWWIDOWED [D.VORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY? гетоу dona during most of working life, even if relired? FARMER USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ĎΩ MOLLI Ü IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgiva war or dates of sarvice) LLOYD 18. CAUSE OF DEATH [Enter only one cause par ana for (a), (b., and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART #. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO FA 20a, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam IB] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e PLACE OF NJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, offica bldg., atc.) Not While While Hour a.m. at work at work n.m. 21. I certify that (I) (this hospital) attended the deceased from ... Ver 10 19 4, that (I) (we) last and that death occurred a D.M. from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. 61 22c. PHYS.CIAN'S 22d. ADDRESS NAME (Type) director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION [City, fown or county] REMOVAL (Spoply) MARYLAND OH 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 9/60 DATE DEC 2 6. ing & Trues



Item 14 FICERTIFICATE OF DEA Reg. Dish No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before o. COUNTY b. COUNTY be filed MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearestown plands d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES 🗋 NO 📉 NAME OF Middle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 19 6 9. AGE (In years last bigthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Days WIDOWED IT DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ permit. Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underoud lying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING (1 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I ar Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Haur a.m. While Not while at wark of wark 21. I certify that I attended the deceased from Dec U19.(e/_, to__ U.C.S. 23, 1961, that I last saw the deceased , and that death accurred at 10:30 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) TO FUN REMOVAL (Specify) 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 333MEDICAL EXAMINER'S CERTIFICATE OF DEATHS PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution Residence before admission) director, Page or your files. e. COUNTY b. COUNTY Prince George's of Health, a. STATE MARYLAND b. CITY OR TO Prince, George, a c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ouls' de corporale limits, write RURAL end give neerest town) your l write RURAL and give neerest lown) Edmonston Cheverly 3 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO 1/1912 19th Ave Prince George's General Hospital er death. If any de , end 3 to the fu 5 may be retain: death. 3. NAME OF Middle 4. DATE Mon h DECEASED (Type or print) Alejo Lopez. Sr. DEATH December 61 Lopez 19 2 with 5. SEX 6. COLOR OR R CE 17. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR) IF UNDER 24 HRS. EXAMINER: This certificate should be executed with:n 24 hours after declare, writing the word "pending" in pencil in fem IB. Give Pages 1, 2, end 3 or the Chief Medical Examiner's Office along with form PM3. Page 5 may 38. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 10 pencil be used as a burial-transit permit. File pages 1 and 2 with 10 pencil pen os birthday) March 13,1898 Male White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IS ele or fore an coun ry! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! U.S., A. Excavation Spain Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Alejo Lonez 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) Helen Grace LopezSame as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple parenchymal hemorrhages of lung, multipli IMMEDIATE CAUSE (a) rib fractures, intramedullary hemorrhage of the Candilions, if any, which (b) geve rise lo immediale cause DUE TO (a), stelling the underlying adrenal gland PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL D. SEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word e forwarded to the Chief Medical E. AL DIRECTOR: Page 3 should be NO TE 20s. EXTERNAL CAUSE WAS PRIMARY ... or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. Boome of a crane fell on him Month, Day, Yeer 20d, INJURY OCCURRED # 20e PLACE OF INJURY (Home, form, 20f, (City or town) (Stella) factory, street, office bldg., atc.) Whila Not While 161 at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 . Inspection 🛣 Inquiry X and in my opin on death resulted from: Accident Natural couses Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER [EXAMINER'S James I. Boyd NAME (Type) Addrass (Streat, city, fown, or county) 228, BURIAL, CREMATION: 12b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Burial Gate of Heaven Cemetery Dec 27, 1961 240 g Wheaton Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5 - in & Through F. Gasch's Sons Hyattsville. Ma. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



ESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete l'mits, write RURAL end give nearest town) write RURAL and give pearest town) UITLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO 3. NAME OF DECEASED OF DEATH (Type or print) 19. AGE (In years IF UNDER TYEAR) IF UNDER 24 HRS RACE 7. MARRIED NEVER MARRIED X lest birthdey) | Months | Deys USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unkown) (If yes a vewer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Tanoma of the Liver Conditions, if eny, which (6) gave rise to immediate cause DUÉ TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING LONG CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) Month, Day, Year 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY While Not While fectory, street, office bldg., etc.) Hour e.m. et work al work p.m. 19 61 to 12-1.3, 19 6/., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on... /2-/2-22». SIGNATURE 22b. DATE ATTENDING PHYS STAFF SIGNED M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN 5 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BUR AL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Cedar Hill Cem. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

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RYLAND STATE DEPARTMENT OF HEALTH



ithin 24 hours after d in by the and DETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h descriptions be retained by the hospital or attending physician.

TO FUNE-KAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper est 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH 8. COUNTY	It	2. USUAL RESIDENCE (Where decease a. STATE	sad lived, if institution: Residence before edmission) b. COUNTY
Prince George	MARYLAND	Maryland	Prince George
b. CITY OR TOWN it outside corporate limits, write RURAL and give nearest lown?	c LENGTH OF STAY IN 16		a limits, with RURAL and give neerest town)
Laure 1		U Laurel 1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give streel address)	d. STREET ADDRESS	. IS RESIDENCE
		030 3045 011	ON A FARM?
618 10th Street.	, Midd.a	618 10th Street	Month Dey Yeer
DECEASED A	A /midd.o	ddc L OF	10 -1 11
(Type or print) // (Ter	J.V.	M A C A DEATH	12- 31 1961
5. SEX 6 COLOR OR RACE 7. MARRI	ED 💾 NEVER MARRIED 🔲 8.		GE (In yeers IF UNDER 1 YEAR IF JNDER 24 HRS st birthday) Months Days Hours Min.
Male Col WIDOW	ED DIVORCED		78 yrs.
10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	AND OF BUSINESS OR NOUSTRY	11, 31RTHPLACE County & Stets, or fore	
Retired		Maryland	_
13. FATHER'S NAME	1	14. MOTHER'S MAYDEN NAME	
Cornelius Mack	1	Catherine Carroll	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 [Yes, no. or unkown] (Ifyesg vewerordatesofservice)!			Address
(193, 19, or antown) (117839 18 WB) or day escrisery (8)	Gra	ace M. Mack. Item	# 2
18. CRUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c) }		INTERVAL BETWEEN
PART F. DEATH WAS CAUSED BY:	10 001	O Mailand	ONSET AND DEATH
IMMEDIATE CAUSE (a)_ V	for consum	in jugaret	ion.
DUE TO		TI Ja	• •
Conditions, if any, which (b)	rousey	I Tuforet Thrombos	4
gave rise to immediate cause (e), steting the underlying DUE TO	, -		
ceuse last	teriorcle	off	
PART II OTHER S GNIFICANT CONDIT ONS CO	NTRIBLTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CON	IDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATA			PERFORMED?
20s. ACCIDENT WAS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCURED	Enter neture of injury in Pert I or Pert II of	tem 18.)
PART II OTHER'S GNIFICANT CONDITIONS CO			
20c. TIME OF INJURY Month, Day, Year 20d.		E OF INJURY (Home, farm, 20f. (City or y, street, office bldg etc.)	town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. Wh left wo		1	
21. certify that (I) (this hospital) after	dad the despreed from	10 to	, 19, that (I) (we) last
1/0 2		a IP bu	
saw the deceased alive on	. IY. L., and that s	death occured av. 3 million th	e causes and on the date stated above.
22e. SIGNATURE	1		STAFF 22b. DATE SIGNED
tado tieron	arec M.D	الا كالتنافيذ المستقل المستقلة	PHYS.
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
In the filter			
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY 1234. LOCATIO	DN (C ty, town or county) (Stele)
Burial 1/4/62			ssup, Md.
	Asbury.		R 25b. REGISTRAR S SIGNATURE
24 FUNERAL DIRECTION'S SIGNATURE		AUG. NEC D BT NEOISTRA	Law, Kemajanan andamijak
1	S DESCRIPTION		
The way of and one	Rockville, Md.	DATE JAN 3 '62	Chrisma & Firms

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MARYLAND STATE DEPARTMENT OF HEALTH 1433 Sivision of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEATH

4.4304

	1.1001
1. PLACE OF DEATH O. COUNTY VINCE GROUPS MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY c. 2. VSUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
(Linton	Hughas Ville
d. NAME OF HOSPITAL (If not in baspital, give street address) Con 100 100 100 100 100 100 100 100 100 10	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) ELIZabeth	Martin Dec. 21, 1961
6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) 7. Yrs. 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Min I Year III I YEAR III UNDER 24 HRS Min II I YEAR III UNDER 24 HRS Min II I I I I I I I I I I I I I I I I I
10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. SIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
drying most of warking life, even if retired) HOUSE WI HE SECT	West VZ. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas HILL	Frances Hill Akers
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes, no. or withnown] [If yes, give wor or dotes of service]	toward H. Martin Hughesvicle
18 CAUSE OF DEATH Enter only one couse per line far (a), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caute C	reselect Heart Jailure 1-2 WEEks
DUE TO	Do. I Slack Disease
Canditions, if ony, which gove rise to immediate (b)	Jello Heart Nestays
cause (a), stating the under-	
lying couse lost.	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	PERFORMED?
	YES NO
206 ACGIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote)
	octory, street, office bidg., etc.)
21. I certify that (I) (this harpital) attended the deceased from	
saw the deceased alive on Dec. >1 1961, and that	death accurred at 2.5 M, from the causes and an the date stated above
My E FEDDMAN TUD	ATTENDING MED STAFF Dec >226 DATE SIGNED PHYS Dec >26 DATE
22c. PHYSICIAN'S LICENSE CERT. A 3874	Med 22d ADDRESS C CO CO CO CO CO
MAX E. FELDMAN M.D.	3800 S. Cepital St. Wash, 20. P.C
230 BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Spec fy) /2-23-6/// / // // // // // // // // // // //	OR GREMATORY 23d. LOCATION (City, town, or county) (Stole)
24. FUNERAL DIRECTOR'S SIGNATURE Hunttriens rol Homes Wall	de 2 fr. 12 150 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Cultury 2, truste



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1/227

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1 PLACE OF DEATH o. COUNTY PR Geo. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARY/RNA b. COUNTY PR. Geo,
b. CITY OR TOWN (If autside carporote limits, write RUBAL and give nearest tawn) Holic REST 49h75.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
2108-KEATING ST.	2/08-KCATING ST YES NO
3. NAME OF DECEASED (Type or print) First Middle L,	MASON 4. DATE OF DEC 20 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday) Months Doys Hours Min.
remale white WIDOWED DIVORCED	//743-1900 6/ yrs.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	1 1 2 5 1
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Rohau	ROSA MAD PILKERTON
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	RNEST M. MASON WILLDOOF ALLT
1B. CAUSE OF DEATH [Enter only one couse per fine for (o), (b) and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	HV Edem 3 Th
DUE TO	
Canditions, if any, which (b) 1 bre Sarcov gove rise to immediate	ma of Arma MeTas Idas s Oct 1961
cause (o), stating the <u>under</u> .	
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Plant a.m. While at wark of ot wark to the p.m.	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (City or town) (County) (Stote)
21 I certify that (I) (this haspital) attended the deceased fram.	2700 1821 to 20 Dec., 19/1, that (1) (we) last
	death accurred at \$12M, from the causes and an the date stated above.
220. SIGNATURE	ATTENDING MED STAFF M.D. PHYS DIRECTOR PHYS 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
22c PHYSICIAN'S	M.D. PHYS DIRECTOR PHYS 22d. ADDRESS
NAME (Type) Silvas M. Babin Sr	1025 Vermont Bra, Wash D.
230 BURIAL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY C REMEMBER (Specify) Dec. 23-61 Cellar	OR CREMATORY 23d LOCATION (City, town, or county) (Stole) Hill Suitland ML
24 FUNERAL DIRECTOR'S SIGNATURE 1661- ADDRESS O Heigh	PA SE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Examens 1200. WASh 20	DATBEC 2 2'61 Coming a Trans



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 14338 I. PLACE OF DEATH B. COUNTY b. COUNTY m. STATE Prince George's MARYLAND Maryland b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Hvattsville .⊆ Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS 2800 Lancer Drive 2800 Lancer Drive papers 3. NAME OF Middla DATE Month DECEASED (Typa or print) OSCAR WOOTEN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and Male D YORCED WIDOWERK March 10, 1877 10e. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stata, or foreign country) done during most of working life, aven if ratirad) Farmer Retired Grifton. N. 13. FATHER'S NAME Joseph E. May Mary Wooten 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas give war or datas of sarvica) None None Mr. E. Murray May 18. CAUSE OF DEATH [Entar only one causa per I na for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immadiata causa DUF TO (e), stating the undarlying cabeter milliture -20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injuly in Part) or Part II of Itam 18.)

OR CONTRIBUTING | CAUSE OF DEATH |

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Homa, farm, 20t. (City or town) 20c. TIME OF INJURY Month, Day, Year _Not While factory, straet, offica bldg., atc.) While el work al work 22a. SIGNATURE Waldo B. Moyers DIRECTOR PHYS. FUNERAL 22d. ADDRESS 3503 Perty St. 236. BURIAL, CREMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) A dio G FORT LINCOLN CEMETERY BURIAL

USUAL RESIDENCE (Whate decessed I vad. If institution; Rasidance before admission) Prince George's c. CITY OR TOWN (If outs'de corporeta limits, write RURAL and give haerest town) e. IS RESIDENCE ON A FARM? YES NO Year DEATH December 10. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. 5506 → 39 Avenue, Hyattsville, N INTERVAL BETWEEN ONSET AND DEATH nortonsine Cordio Vocalin Fiseuse 5 years religed actionallerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X (County) 21. I certify that (i) (this hospital) attended the deceased from 6.725..., 195.5 to 12.70..., 19.61, that (i) (we) last SIGNED 1 23d. LOCATION (City, town or county) PRINCE GEORGE'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, INC SILVER SPRING, MARYLAND

VIII A15 (4)



Page

15M 10/57



CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

-00							Kel	J. DIST. 140.	* * **	
1	1. PL o.	PRINCE C	FORGES	MARYLAND	2 USUAL RESIDENCE (Who a. STATE		COUNTY	sidence befor	re admission)	
/	b.	CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o			and give nea	arest fown)	
		ANDREWS	AIR FORCE BA	SE 4 MONTHS 25 D	AYS WASHINGT	ON		7. x		
0	d	OR INSTITUTION	TAL (If not in hospitol, give : FORCE HOSPITA	itreat address)	d. STREET ADDRESS 4514 CONNE	CTTCITY AT	VENTE		e IS RESIDENCE ON A FARM? YES NO A	
	2 11					7				
	DI (T	AME OF ECEASED Type or print)	First JOHN	MICHAEL	MC DONNELL	4. DATE OF DEATH DE	Month ECEMBER	11		
	5. SE	X ALE	6 COLOR OR RACE 7		DATE OF BIRTH 24 JULY 1879	9 AGE	birthday) Mon		Hours Min	
	10o	USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country)	12	. CITIZEN OF	F WHAT COUNTRY?	
	l '	OFFIC		US AIR FORCE	PENNSYLVA	INIA		UNITED	STATES	
		ATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
	M	IALACHI MO	CDONNEL		CATHERINE	REILLY				
	1S. W	no, or unknown!	R IN U.S. ARMED FORCES: (If yes, give wor or dates of service) 1917–38 & 42	JA	IFORMANT MES CONSIDINE NEPHEW)		OCKWOOD I		IN	
	Ť	IB. CAUSE OF DEA	ATH Enter only one cause	per line for (a), (b), and (c)]			1447274114403	INTE	ERVAL BETWEEN SET AND DEATH	
	PART I DEATH WAS CAUSED BY INFARCTION OF MYOCARDIUM 420.0 Due to								MEDIATE	
		Conditions, if any, which) ARTERIOSCLEROTIC HEART DISEASE							YEARS	
		gave rise to i cause (a), stating lying cause last	the under- DUE TO	ARTERIOSCLEROSIS.	GENERAL.			2	YEAAS	
)	ATION									
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)								
	<u></u>	Hour a.m.	RY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA White Not white foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or tow	n)	(County)	(State)	
	2	21. I certify th	nat I attended the de DECEMBER	Krita,	, 19 61, to 11 accurred at 450A	M, from the co	auses and an ty or town, state)	the date		
	1	reame (type)		ER, CAPT USAF MC						
	220.	BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF	1 Blood-way	CENTILLERY	22d LOCATION (C	. (inty)	(State)	
	23. FI	UNERAL DIRECTOR	'S SIGNATURE	G 5/7-//52	SE DC DATE D	BY REGISTRAR	24b. REGISTRAR	S SIGNATUI		

may be retuined by the haspital ar ottending physicion.

• FUNERAL GIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit, the registrar prior ta burial, cremation, or removal, and in any expense. may be ret. VS A15 (4) 1SM 9/5B

director,

funeral only

and completely filled in

rmit. Then please remove carbon any event within 72 haurs after de attending physician

requires that the death certificate be executed within 24

er death. Page 4



Division of STATISTICAL RESEARCH AND REGORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1431

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) L PLACE OF DEATH a. COUNTY .. STATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN (if autside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town! ŏ Cheverly Suitaand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Prince George's General Hospital 3000 Parkway Terrace YES NO 3. NAME OF DECEASED [Type or print] DEATH TH December 74 2 1961 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH March 30, 1878 20 yr. Months Deys X.Xdawodiw DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Own Home Massacheusettes pages 1 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown (1) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 304 Union Ave (Yes, no, or unkown) (If yes g veweror detes of service) Mary T. Caruso, None Belleville. Office along was burial-transit pr 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (e) DUE TO Fracture of right hip Conditions, if eny, which gave rise to immediate cause the Chief Medical Examiner's R: Page 3 should be used as a for to Durial, cremation, or ren **DUE TO** (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1.0, 19. WAS AUTOPSY PERFORMED? e word 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fell on steps 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Stete) 13/61 while Not While Street Street Washington should be forwarded to the PUNERAL DIRECTOR; p 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion death resulted from: Natural causes , Accident X. Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ames I. Boyd NAME (Type) Address (Street, city, lown, or county) 22b. DATE THEREOF I 22c. NAME OF CEMETERY OR COMMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) DEC. 7, 1961 ARLINGTON NATIONAL 240 g BURIAL 23. FUNERAL DIRECTOR ADDRESS 5/7 // 5#5E 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE YS. AISME Orthur S. Kinus W. W. CHAMBERS CO. Washington D.C. DATE 5M 9/60

APYLAND STATE DEPARTMENT OF HEALTH



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14342 CERTIFICATE OF DEATH

Reg. 01:4311

	O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY R. GEO			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) West Hyattsville 5 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 West Hyattsville			
	d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION 6903 Calverton Drive	6903 Calverton Drive 6. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) LELIA MARGUERITE	E MENDEL 4. DATE Month Doy Year DEATH December 19, 1961			
	Female White WIDOWED M DIVORCED	June 4, 1878 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS 83 birthdoy) Months Doys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired Clerk 13. FATHER'S NAME U.S. Government	TRY 11 BIRTHPLACE (Stote or foreign country) Illinois U. S. A.			
	John Riedlieger Is was deceasedever in u. s. armed forces? 16, social security no. 1 in	Mary E. Heisey			
	no (If yes, give wor or dotes of service) 577 = 48 - 0628 Ma	auvra C. Mendel Same as #2 (daughter)			
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: UREHIA	1 DAYS			
	592 X DUE TO	NEPHRITIS 2 MONTH			
	gave rise to immediate	TVEPARCITIS ETTOVITA			
	couse (a), stating the <u>under-</u> lying couse last.				
	/ \/	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN DIABETES MELLI	TUS PERFORMED?			
). (Enter nature of injury in Part I or Part II of item 18.)			
		CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)			
	21 I certify that I attended the deceased from OCT alive on DEC 19 , 1961 , and that death				
	ACTUAL SIGNATURE SCHULLE & M Sugar	A.D. 4637 EASTERN AVE			
	PHYSICIAN'S SHMUEL J. N. SUGAR	WASH 18, DC Dee 19 61			
	220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR 12/21/61 Cedar Hill				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Suitland, Md.			
	Francis Gasch's Sons Hyattsville, Ma	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Children & Three			



Hyattsville, Maryland DATE

e. IS RESIDENCE

19

IF UNDER 24 HRS.

uoce

WAS AUTIOPSY PERFORMED?

NO

(Stele)

22b. DATE

(Stele)

Md.

SIGNED

ON A FARM? YES NO

of physician, signed by th

VR A15 (4) 15M 9/60

Francis Gasch's Sons



HEALTH DEPT. y is necessary, director. Page or your files. Boar TO DEF. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any depease example the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 angle? with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
41313

	1 PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) b. COUNTY
1	Prince Georges County 5. CITY OR TOWN (I outside Orparets limits. write RURAL and give nearest fown) MARYLAND C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
7	Cheverly 10 min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
	Prince Georges General Hospital	505 Main Street YES NOX
	DECEASED	IILLER December 8, 1961.
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White widowed Divorced 1	July 20, 1900 1 yr. 4
	Chila Chila 13. FATHER'S NAME	Kentucky U.S.A. U.S.A.
	Donald Miller	Judith Lemke
	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17, 1	
	(Yes, no, or unkown) (flyesg vewerordalesofservice) None None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),	nald A. Miller, Laurel, Maryland.
	DADT I DEATH WAS CALISED BY.	ONSET AND DEATH
	immediate cause (a) Dehydration	
	Conditions, if eny, which \ (b) Pneumonitis	Intestinal
	geve rise to immediate cause (a), stating the underlying DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(0) 19, WAS AUTOPSY PERFORMED?
	ICAT	YES 🔀 NO 🖸
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter netura of injury in Part I or Part I) of tam 18.)
	20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLA Hour e.m. D.m. 19 et work et work	CE OF INJURY (Home, farm, 201. [City or town) (County) (State) bry, street, affice bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔀 Inspection 🔣 Inquiry 🐔 and in my opinion
	death resulted from. Natural causes 🐒, Accident 🔲, Suici	de . Homicide . Undetermined manner .
	ACTUAL FRUITO Van Natta	CHIEF MEDICAL EXAMINER
	SIGNATURE PAUL C. VAN NATTA, M.I	A D ASSISTANT MEDICAL EXAMINER D DATE SIGNED
	NAME Type 5440 Silver Hill Rd. Parkla	and Mides (Street city, town or county) December 9, 1961.
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 1 22d. LOCATION (City, town, or country) (State)
		Cemetery Louisville, Kentucky. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Conduct A Thomas
	W. W. CHAMBERS CO. Riverdale, Ma	arylandonieDEC 13'61 Commy S. Thomas

VS. A15ME SM 9'60



a. IS RESIDENCE ON A FARM

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

SIGNED

(County)

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY necessary, actor. Page our files. Prince Georges Prince Georges County Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (st outside corporate l'mits, write RURAL and give neerest town) write RURAL and give nearast town) Palmer Park (Hyattsville) Cheverly d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? d 3 to the functory be retained with the State B 7635 Muncy Road Georges General Hospital YES NO 2 3. NAME OF Middle DATE Month DECEASED (Typa or print) JAMES WALTER MONTGOMERY 1961. DEATH December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. may 2 19 yrs. Male 5 mg Dec. WIDOWED [DIVORCED 10m. JSUAL OCCUPATION (Give kind of work 11. B.RTHPLA CE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? F 2 done during most of working life, even if retired) Student (Retired) School Washington, D. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Russell Montgomery Rose Mary Lamb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7635 Muncy Road (Yes, no, or unkown) | (Ifyesgivewerordelesofservica) No Mr. Leroy None None Palmer Park, Maryland Geer. along where 18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Convulsive disorder ng" in pencil i r's Office alor s a burial-trans removal, and IMMEDIATE CAUSE (a) DUE TO Conditions, if any Cerebral palsy since birth (6) word "penamer's Codical Examiner's C gave rise to immadiate cause DUE TO (e), stating the underlying Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO should ial, cre 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY 20d. IN.URY OCCURRED 20a PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) While Not While lectory, street, office bldg., etc.) ife the certificate, v forwarded to the LL DIRECTOR: Paided agent, prior t at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes x x Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER BEAUTION S.E. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 2, 1961 December BOYD, M.D. NAME (Type) 9 Address (Street, city, Iown, or county) 9989 22 BUR AL CREMATION, 226. DATE THEREOF (State) REMOVAL (Specify) <u>_</u> 40 ₽ 23. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS. A15ME Riverdale, Cirching & Henris 5M 9/60



FOR STATE **HEALTH DEPI**

your files.

is necessary, livector. Page IO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Slate Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after-death.

> YS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4.1246

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decresed lived, If Institution: Residence before edmission)
	l '	Princi george MARYLAND	8. STATE South & COUNTY Prince Congression
		b. CfTY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearestrown)
		write RURAL and give neerest town)	- Helse le
	_		
1	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS - ON A FARM?
		5805 I street	1 5 8 0 5 The YES NO E
		NAME OF First Middle Middle	Last 4. DATE Month Day Year
		(Typo or print) toyle Umare Mas	tellor DEATH Lee 18 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (fn years IF UNDER 1 YEAR IF UNDER 24 HRS.
	_	male white widowed DIVORCED K	Dec 16, 1901 Jast birthday) Months Days Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of wark 10h, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Signe or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dor	ne during most of working Vie even if relifed)	north Corolina 1, 5, 6
	13		14. MOTHER'S MAIDEN NAME
	10.	11. (1 - Edgar Mostedler	The Months of Contract of the second
•		TO DO	Luta wice to cure
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN ms, no, or unknown) ((lfyesgivewerordelesofservice)	FORMANT Address
	,,,,,	578-05-4675 m	inne vallon parseller, some as 2
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	getue heart forture
	li	DUE TO	
	Н	Conditions, if any, which) (b) Crecherose	lar senal diserse
	ш	geve rise to immediate couse OUE TO	
	ш	(a), stelling the underlying cause lest, (c)	
	z	(6)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
	임		PERFORMED?
	∑ l		YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Eni PRIMARY or CONTRIBUTING CAUSE OF DEATH.	ter nature of injury in Pert I or Pert II of item 18.)
	1 1		
	MEDICAL		E OF MJURY (Home, farm, † 201. (City or town) (County) (State) y, street, office bldg., etc.)
	높	p.m. 19 st work at work	
		21. I certify that I took charge of the remains described above, held	an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from. Natural causes . Accident . Suicide	e, Homicide, Undetermined manner
			CHIEF MEDICAL EXAMINER
	Ш	ACTUAL	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
9	1 1	SIGNATURE A	DEPUTY MEDICAL EXAMINER TY
4		EXAMINER'S AMOC	12-28-6/
,	225		Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or country) (Siele)
	1	BHOVAL (Spegify)	0 00 0 0
4		Berrial Dec 30-61 Joth Gine	colo Bladensburg Md
,	23.	3. FUNERAL DIRECTOR ADDRESS Hose	RO SE 248 REC'D BY REGISTRAR 246. REGISTRAR SIGNATURE
	1	Jemman Bro. Will Do	DATEJAN 2 '62 winns & Phone
	-	The second secon	





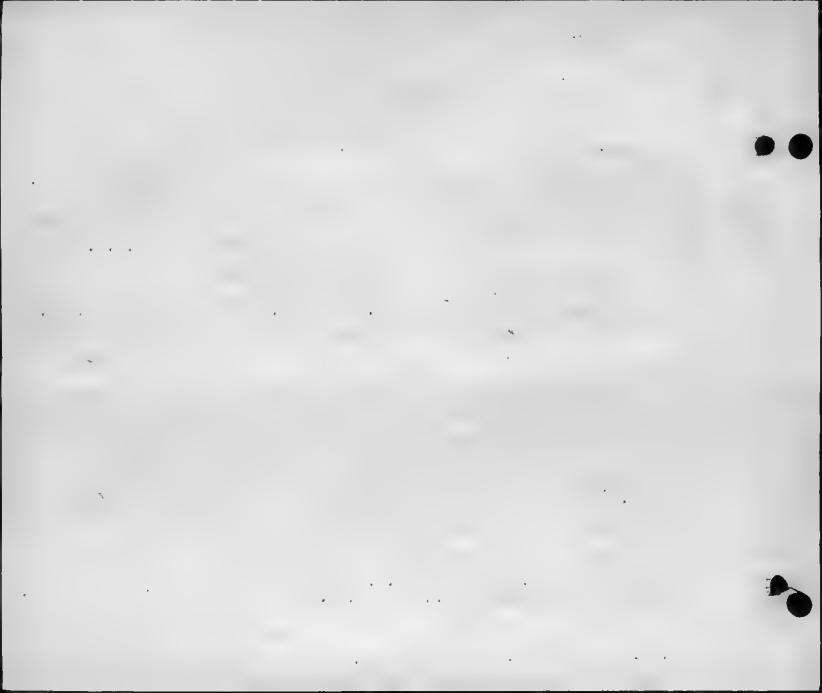
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S I. PLACE OF DEATH 2. UBUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) is net.

director. Pe.

vour files. a. COUNTY Prince Georges County MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) 16 Months Hyattsville College Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Cherry Hill Trailer Court. YES NO W 3. NAME OF 4. DATE DECEASED OF (Type or print) JESSE MCCLELLAN DEATH 19 67 December 5 may be 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS plast birthday) Months August DIVORCED [Male WIDOWED [10a. USUAL OCCUPATION (Giva kind of work 3Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Plumbing Plumber Kentucky pages 13. FATHER'S NAME PM3 14. MOTHER'S MAIDEN NAME Elijah Myers Dora Lee Buttler 913 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC. AL SECURITY NO. 17, INFORMANT Address 103 Horners Lane (Yas, no, or unkown) (Ifyas givawar or deles of service) 7 9-03-155 pencil in Item 18. permit. Mr. William L. Myers. Rockville NO NONE

18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] " in pencil in a Office along w INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: so-cation IMMEDIATE CAUSE (a) s a bur al-tr tririned areas on body geva risa to immediate cause 60 (a), stating the underlying Examiner ate, writing the word "pend; the Chief Medical Examine R. Page 3 should be used a rior to burial, cremation, or cause lest. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING P 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X and in my opinion death resulted from Natural causes , Accident . Suicide [Homicide Undetermined manner (should be forward FUNERAL DIRE: CHIEF MEDICAL EXAMINER Paul C Van Hal ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE PAUL C. VAN NATTA, M.D., DEPUTY MEDICAL EXAMINER K NAME (Type) December NAME (Type) 5/11/10 Silver Hi 11 Rd PAP CHAY Modress (Street, city, lown, or county)
22c. NAME OF CEMETERY OF CREMATORY | 22d. TOCATION (C) 22d. TOCATION (City, town, or, country) REMOVAL (Specify) 400 remakon Lade 240. REC'D BY REGISTRAR | 246. REGISTRAP'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME/ CHAMBERS CO., Riverdale, Md. 5M 9/60 DATE DEC 13'61

ARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

	1	4350-		CERTII	FICA	TE OF DEATH	1	-KIEAND	14	1319	
1	PLACE OF DEATH	<u>-1</u> 60	#5),1) & 1.1	riie	2. USUAL RESIDENCE TO	Vhere deceased I	ived. If institution	n Residence	before admission)	=
	o. COUNTY Pr	ince George		MAR	YLAND	o. STATE Maryl		b COUNTY	Pr.		
	RURAL and give ne		, write c. LI	ENGTH OF STAY	' IN 1b	c CITY OR TOWN (II	f outside corporat	te limits, write RU	IRAL and give	nearest town)	
_	Suitl					25 S	uitland				
	OR INSTITUTION	AL (If not in hospital, gir	ve street addre	63)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
		land Nursin	g Home			'3636Gree	nway Dr.	S.E.		YES NO	}
	NAME OF DECEASED (Type or print)	GERTR		Middle //		e NEWBERRY	4. DATE OF DEATH	Dec.	26th	Day Year 19 61	
5.	SEX F	2	7 "MARRIED [NEVER MARRI		B. DATE OF BIRTH	144 9.	AGE (In years last birthdoy)	Manths Do	EAR IF UNDER 24 HR 1ys Hours Min.	
10c	during/most of works	N (Give kind of work ding life, even if retired)	one 10b. KIND	OF BUSINESS O	OR INDUS	STRY 11. BIRTHPLACE (STO)	te ar fareign caun	ntry)	12.CITIZE	OF WHAT COUNTRY	17
13	FATHER'S NAME	7	enton I	Lane		14. MOTHER'S MAIDEN	NAME IN	gia M.	Roland	1	
		IN U. S. ARMED FORC		AL SECURITY NO). 17. IN	ARIAN S	helden	3636	1	centry?	72
-	18. CAUSE OF DEAT	TH [Enter anly one cau	se per line for	(o), (b), and (c)	.]	y-	1		9 3 1 1	INTERVAL BETWEEN	=)(
		TH WAS CAUSED BY:	Ce	Elever	use	uter 1	cade	enx	1	Simed .	
	731	Y DUE TO				.7					_
	Conditions, if any, which)							541.			
	gove rise to im			/CC/211. 43		- o- o oo oo	· · ·			7	
	cause (a), stating to lying cause last.	ne under-								V	
CERTIFICATION	PART II, OTHI	ER SIGNIFICANT COND	ITIONS CONTR	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	CONDITION GIVE	N IN PART 1	PERFORMED?	1
ERTIFIC	20g ACCIDENT WAS	CAUSE OF DEATH I	206. DESCRIBE	HOW INJURY C	CCURRE	O. (Enter nature of injury in	n Part I or Port II	af item 1B.}			
	OF ETIMER, NOTIFT A	MEDICAL EXAMINER)	NP .								_
MEDICAL	20c TIME OF INJURY Hour a.m.	' Month, Doy, Year 19	While I	Not while	20e. PL/ fee	ACE OF INJURY (Home, for story, street, office bldg., a	rm, 20f. (City or dc.)	r town)	(Cou	nty) (State	e)
2	21 certify that			nt work he deceased	fram	12-30,1	9. 19. ta	12.26	5 1961	, that (1) (ye) la:	-
	saw the decease	/	/			eath accurred at 92					
	220 5 CHATURE	R.S. 9.	elle.	alice	, ,	ATTENDING PHYS	MED DIRECTOR [STAFF PHYS	Dec.	26 1961 SIGNE	D
	270 PHYS.CIAN'S NAME (Type)	DO AND CO. D	DI I MADI			22d ADDRESS	1	2 5			
	<u> </u>		ELLEGRI			3409Ala				h. 20 DO	_
230	REMOVAL (Specify)	Dec.29-	6/ 2	NAME OF CEM	ETERY O	Mem. Par	23d LOCATIO	OCKA	ricounty)	Illiano	1
24	FUNERAL DIRECTOR'S	SIGNATURE	1661-	ADDRESS H	ye !	CULSE 25a. REC	C'D BY REGISTRA		TRAR'S SIGN.		
Parent.	77777				3						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	14351 CERTIFICA	ATE OF DEATH	Reg	. Dist. No. 4 1200
1	PLACE OF DEATH o. COUNTY PRINCE GERGES MATTERN b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	MARYLAND	deceased lived. It institution: Res	GEORGE'S
1	RURAL and give nearest town) CHEVERLY d. NAME OF HOSPITAL (If Not in hospital, give street address) OR INSTITUTION RINCE GEORGES CEAL HOSPITAL	LANHAN d. STREET ADDRESS 9912 FOWL	1 24	e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
3	NAME OF DECEASED (Type or print) ALBIERT Middle	VICHOLS .	DATE Month OF C.	Day Year 2.1, 1961
\downarrow	MALE WHITE WIDOWED & DIVORCED	DEC 27.18	83 77 yrs. Mont	
	JO. USUAL OCCUPATION (Give kind of work dane) 10th KIND OF BUSINESS OR INDU- during most of working life, even if retired) ACHINIST AFATHER'S NAME	CLEARFIE 14. MOTHER'S MAIDEN NAM	LD. PA-	U.S.A
15		INFORMANT	UNKNOW	SAME AS#
=	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	T HOMERNE	TO PAULTINE	INTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stating the under.	CED ARTER	10 SCLEROSIS	2 years.
NOITECATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D (Enter noture of injury in Port	I or Part II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 10 Pm. While Not while of work of work 10	ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	Of (City or lown)	(County) (State)
	21. I certify that I attended the deceased from 99 alive on 2/ D2C, 19 6 , and that death ACTUAL	8, 19 , 10 2/ 0 occurred at 4:08 N ADO	A, from the causes and on RESS (Street, city or town, slote)	I last saw the decease in the date stated abov DATE SIGNE
	PHYSICIAN'S THOMAS G. MALONEY	LANDOVE	ER HILLS	MD.
2	BURY ACL DEC 261961 OAKRIDGE	EMETERY A	LTOONA, P	ENNA.
123	N.W. Conambers to Suverdal	Mar PEC'D BY	REGISTRAR 246 REGISTRAR'S CLICILITY	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law require that the scattering certificate be elecuted within 24 hours ofter death. Rage a may be a set by the hospital or otherding physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and completely filled that the funeral director, page 3 should be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 a should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/S5



TO FUNERA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14352

CERTIFICATE OF DEATH

Part Dist 464 O C 4

										vea.	TOTAL C	3.4.5.2	
	COUNTY Danta	nce Georg	tea!	MAR	YLAND	2. USUAL RES			d lived If in b. CO	stitution Res	idence bef	ore admissi	on)
h		outside corporole limi	*	e. LENGTH OF STA			Maryl			P		100 g	
	RURAL and give nee	orest town)	iis, wille			E. CITY ON	TOWN (If o	outside corpo	irole limits, w	rite RURAL o	nd give ne	egrest town)
-	Upper Ma	RPLDOPO L (If not in hospital, s	ive street	39 year	rs		per M	<u>iarlb</u>	oro				
ľ	Old Rt.	41	live sireer	oddress)		d. STREET		/= 03				e IS RESI	FARM?
2 01		#301				'01d	Kt. #	301				YES 🗀	NO 🏡
DI	AME OF ECEASED	Fig		Middi			Daf	4. DATE		Month		Pay Y	tor
5. SE	ype or print)		ene			Nicho		DEATH		Decem			961.
	emale	6. COLOR OR RACE White	WIDOWI	RIED NEVER MARK		oate of Bir		884	9. AGE (In lost birth	doy) Mont		R IF UNDE Hours	R 24 HRS Min
10o.	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHE	PLACE (Stote	or foreign c			CITIZEN	OF WHAT	COUNTRY
H	ougewif	ng life, even if retired	'	Own Home	е	M	aryla	nd			U.	S. A	
13. F/	ATHER'S NAME					14. MOTHER	S MAIDEN N	IAME					
S	nowden l	Butler				Geor	gia A	. Cr	andal	1			
15. W	AS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N		FORMANT	0			Address			
N	0		2.	17-36-88'		Kennet	h W.	Nich	olson	-Uppe	r Ma	rlbo	ro,M
1		H [Enter only one co	use per lin	ne for (o), (b) and (c	1) 4	-0		. 1			INI	TERVAL BET	WEEN
	/ A C	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 1	TCLMOD CI	erole	c DOVO	nan	Leu	ear			15 W	2
	420, DUE TO												
	Conditions, if any, which {b} gove rise to immediate												
	couse (o), stoting the under DUE TO												
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Ē	PART II OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DI	EATH BUT I	NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITIO	N GIVEN IN	PART I(o)	19. WAS A PERFOR	UTOPSY IMED?
5	2 455125115111											YES 🔲	ио 🔲
יון סין	OR CONTRIBUTING E OF EITHER, NOTIFY N	UNDERLYING CAUSE OF DEATH! EDICAL EXAMINER)	206. DESC	CRISE HOW INJURY (OCCURRED	. (Enter noture	of injury in F	ort I or Por	I II of item 11	3.)			
MEDICAL	C. TIME OF INJURY	Month, Doy, Yes		JURY OCCURRED	20e. PLA	CE OF INJURY	IHome, form,	20f. (City	or lown)		(County))	(Stote)
A ED	Hour a.m. p.m.	19	While of work	Not while	TOCI	ory, street, offic	te bldg., etc.))					
2	1. I certify the	t I attended the	dacanso	ad from	24	1960	_, lo_3	a-lest	- 1/02/20	6/ that	11	41	
1 1	live on 30)	al	196		death	accurred at		LA 6000	a Aba ana	LYZ_, mor	I IOST S	ow the	deceased
		/7 00/		, and mo	/ dedill	accorred of			reet, city or t		n the do	e state An	d obove. Të signen
A	CTUAL IGNATURE	1/17	11/1	2272/		up. Up	per M			Maryl	bra.	12/	1/61
					IV	1.D	PVI III	MITTO:	21.7.2	11011111		/_	
P	HYSICIAN'S Dr	Robert	B. 4	Sasscer,	M.D				Date of ale air on gir ye op				
22o [BURIAL CREMATION	, 226 DATE THEREO	F	22c NAME OF CEN	ETERY OR	CREMATORY		22d LOCAT	ION (City, to	wn, or count	γl	(Stole)	
	rial	12/4/6		Epiphar	ay Co	emeter	У	Fore	stvil	le,		Md.	
	INERAL DIRECTOR'S	SIGNATURE	IIo	ADDRESS	Mari	l home	240 REC'D	BY REGIST	2 - 4	REGISTRAR'S			
1K1	tchie B	os.Fun'l	. nor	He-obbei	MET.	LDOPO,	DXR ')E(1.1	'61		# 14		



Division of STATISTICAL RESEARCH AN BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admiss on) . COUNTY Page e. STATE b. COUNTY Prince Georges County MARYLAND Maruland Maruland Baltimore Gity
c. CITY OR TOWN (H outside corporate l.m. is, write RURAL and give nearest fown) b. Cally OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 rector. write RURAL and give nearest town) ö Riverdale Lansdowne 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Memorial Hospital lst Avenue State YES NO 3. NAME OF Middle 4. DATE DECEASED 3 to the OF the (Type or print) DEATH Brinn NTME December 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Female WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Practical North Carolina Nurse U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Brinn Alice Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 111 Hasting Lane (Yes, no, or unkown) | (If yes give we ror deles of service) ing" in pencil in Item 18 or's Office along with it is a burial-transit permit, removal, and in any er Mrs. Thez R. Kendall, Pasadena, Maryland, 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Crushed Chest Hemorrhage and Shock IMMEDIATE CAUSE (e) DUE TO Fractured Pibs (b) gave rise to immadiete causa DUE TO ease comerce the certificate, writing the word "pendim should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or r (a), stating the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.811 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO No 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Pert I or Part I of Itom 18.) PRIMARYX or CONTRIBUTING CAUSE OF DEATH. Automobile Collision Driver of struck Tractor Trai 1 20d. NJURY OCCURRED 1 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer Prince ges'Cty., Not White X US Route #1 Cherry factory, street, office bldg., etc.) WEDL Hour Xa. In. at work 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion death resulted from: Natural causes Accident A Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER [ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE December Silver Hill Rd. Parkland Maddress (Street c.ty, town or county)
NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (C. DEP 220. BURIAL, CREMATION, 225 DATE THEREOF REMOVAL (Specify) 240 g amoro 1 arian 23. FUNERAL DIRECTOR 244. REC'D BY REGISTRAR / 246. REGISTRAR'S S.GNATURE VS. AISME 5M 9 60



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the energy of the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I amy the registrar prior to burial, cremotian, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

	14354	CERTIFICA	ATE OF DEATH	Reg. Dis	44323		
	PLACE OF DEATH		2. USUAL RESIDENCE (Where do	eceased lived. If institution: Residence	e before admission)		
1	PRINCE GEORGE	MARYLAND	· STATE WASH.	DC. COUNTY	47X13		
1	b. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and g	ive nearest town)		
	and the grade state of the stat	4 TRS.	812 Jelley	son ST. WAS	U. DC.		
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION ARROLL BARDER 4922		812 Jeffer	son Street AP.	e. IS RESIDENCE ON A FARM? YES NO NO		
	NAME OF DECEASED (Type or print) Political Particular Political P	Middle	0e + 2 e 4. 8	DATE Month DE DE C.	Day Year 30 196/		
	OC - Inc.	·	B. DATE OF BIRTH	7-00	YEAR IF UNDER 24 HRS		
-	February WIDOWE		JULY 6, 188.	5 lost birthdoy) Months 76 yrs 5	Doys Hours Min.		
10c	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY, 11. BIRTHPLACE (Stote or for	eign country) 12. CITIZ	EN OF WHAT COUNTRY?		
	HOUSE WIFE	NONC	MARYLA	NDU	.5.4		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	LemueL Owe	2 N	PALLER	Wigh FIELD			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 116.		NFORMANT	Address			
(Ye	n. no. or unknown) (If yes, give wor or dates of service)	1	inter M. agnes	Batuera O. Com.	Carroll mono		
	18. CAUSE OF DEATH [Enter only one couse per lis	ne for (a), (b), and (c).]	1		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	andian	la ilune		ONSET AND DEATH		
	DUE TO		7		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Conditions, it only, which gove rise to immediate couse (a), stating the under: DUE TO DUE TO						
	lying couse lost.	eneralized	areres	larcas	10 me.		
S O	PART II. OTHER'S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	SEASE CONDITION GIVEN IN PART	I(a) 19 WAS ALTOPSY PERFORMED?		
ES.	Curcinoma	of the al	domen		YES NO 4		
CERTIFI	200 ACCIDENT WAS UNDERLYING DOBO DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 18.)			
		NJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 1 20)	E (City or town)	ounty) (Stole)		
MEDICAL	Hour o. m. While	Not while fo	ctory, street, office bldg., etc.)	(City of fourty	2011/1		
Σ	p. m. of worl		1				
	21. I certify, that I attended the decease	ed from Mov. 9.	, 196/, to Dec	<u> </u>	t saw the deceased		
	alive an Nec , 29, 196	2. / , and that death	occurred at 5 1 500M, f	fram the causes and an the	date stated above.		
	1 0 110	,		ESS (Street, city or town, state)	DATE SIGNED		
	SIGNATURE Walter K. Ung	erne	M.D. 6358-13	& Sty Mi.	12/30/61		
	PHYSICIAN'S WALTER K. A	NGEVINE, N	1.D				
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)		
	1/2/62	Cedar Hill	Cemetery P	r.Geo.Co. Mar	vland		
23	FUNE TOR'S SIGNATURE	NO (201-14		REGISTRAR 24b. REGISTRAR'S SIG			
5	the D. H. Henie Ca	Wash	9. D. @ DATEJAN 2	162 untur S. +	Truck		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare decased lived, If Institution: Residence before admission) a. COUMTY b. COUNTY the string e. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) pue NAME OF DECEASED. (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR last birthday) Months TOo. USUAL OCCUPATION (GIV. kind of work done during most of working life, even if retired) 12. CIT ZEN OF WHAT COUNTRY Housewife Christopher Shryo Emma SULIAL SECURITY NO 1 17 (Yas, no. or un \mathbf{n}_0 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) DUE TO .b) gava risa to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY 208. ACC DENT WAS UNDERLYING | 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part 1 or Part II of Item 18)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, streat, office bldg , atc.) Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Mo-U. saw the deceased alive on.

ء. E E 0

funeral

VR A15 [4] 15M 9/60

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City

S.GNED

BURIAL, CREMATION, REMOVAL

ATTENDING

ADDRESS

Georges

STAF

PHYS

PERFORMED? NO I

(Stata)

22b. DATE

. IS RESIDENCE ON A FARM? NO.

Davs

PHYS CIAN'S

MED

DIRECTOR

25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Cartine d. Please

in the same of the

24 certificate Signed certificate Affer FUNE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. SOUNTY c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ON A FARM? NOTE YES T DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS. IF UNDER 1 YEAR AGE (In years lest birthdey) Months House WIDOWED 1 USUAL OCCUPATION (Giva kind of work 12, CITIZEN OF WHAT COUNTRY! 11. BIRTHPLACE (County & Stele, or foreign country) during most of working life, even if retired) Own Home 14. MOTHER'S MA DEN NAME Unknown Unk Hevder Address no none 18. CAUSE OF DEATH [Enter only one cause per line for (e) [b], and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE LAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert I or Pert II of Item 18.) (IF EITHER, NOT FY MEDICAL EXAM NER) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) Not While fectory, street, office bldg., etc.) While Hour a.m. at work al work 19 6/ to 12

5. Housewife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) CERTIFICATION saw the deceased alive on. 22b. DATE 22a. S GNATURE ATTENDING __ SIGNED PHYS. DIRECTOR PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF OF CEMETERY OR CREMATORY (State) Burial (Specify) Elmhurst Fairview Memorial 12/6/61 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE DEC 4 arthur & thouse '61 Hyattsville, Md. Francis Gasch's Sons

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ed in by the funeral PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 4 may be retained by the hospital or attending physician. IO FU L DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF

Gordon W. Kelley

23c NAME OF CEMETERY

BURIAL, CREMATION, 236. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE &C.

١	CERTIFICATE OF DEATH	
1	1. PLACE OF DEATH 2357	nì
	e. COUNTY Prince Georges b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) Landover d. STREET ADDRESS e. IS RESIDENCE	
	Prince Georges General Hospital NAME OF DECEASED (Type or print) Prince Georges General Hospital A DATE Month Day Year OSBOTNE OSBOTNE ON A FARM VES IN NO PRINT DAY ON A FARM VES IN NO PRINT DAY OSBOTNE OSBOTNE ON A FARM VES IN NO PRINT DAY OSBOTNE OSBOTNE	1
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Deys Hours Min.	_
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	-
1	15. WAS DECEASED EVER N. L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yos give were redecised service) World War I 18. CRUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).) INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Ceceleral Vascular accelent language ONSET AND DEATH Language ONSET AND DEATH ONSET AND DEATH	_
	Conditions, if eny, which gove rise to immediate ceuse (a), stating the underlying DUE TO Course lest. Course lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPS: PERFORMED! YES NO	
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, ferm, 20f. (City or lown) (County) While Not While st work st work st work	-
	21. I certify that (1) (this hospital) attended the deceased from 12/5	ve.
	228. SIGNATURE 228. SIGNATURE W.D. ATTENDING MED. STAFF SIGN PHYS. DIRECTOR PHYS. DIRECTOR SIGN	

612h hist Avenue, Hyattsville, Md.

23d. JOCAHON (City, lown

250. REC'D BY REGISTRAR 2256. REGISTRARIS SONTEMBLE
DATE DEC 11'61

(State)

TO HOSP VR A15 (4) 15M 9/60

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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 14358 MEDICAL EXAMINER'S FOR STAT 2. USUAL RESIDENCE (Where decessed I ved, If Institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY cessary, or. Page a. STATE b. COUNTY Prince Georges County b. CITY OR TOWN (if outside corporete lim ts, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) write RURAL and give necrest town) East Riverdale Cheverly D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6004 Longfellow Georges General Hospital State 3. NAME OF Middle DATE DECEASED (Type or print) DOROTHY MARTE DEATH December 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B DATE OF BIRTH AGE Un veers LIF UNDER 1 YEAR last birthdayl Female WIDOWED [DIVORCED March N 10a. USJAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if refired) KamyPennsylvania. Nurse Registered 13. FATHER'S NAME Robert Martha Strike 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesg vewerordetesofservice) permi Mr. John T. Parke, St. . East Riverdale None 18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), end (c), Office along w PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (6) DUE TO Coronary Artery Disease Conditions, if any, which {b1 gave rise to immediate cause DUE TO (e), stating the underlying Rheumstic Heart Disease cremation, or PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NIPART I(e) 19. WAS AUTOPSY should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of dem 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 300 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) Chie lectory, street, office bldg., etc.) White Not While al work aí work 5 다 다 :: 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection death resulted from-Natural causes Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES BOYD, M.D. December DEPU NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY 22d. LOCATION (City, fown, or country), 220, BURIAL, CREMATION. REMOVAL (Specify) 40 8 REC'D BY REGISTRAR 206. REGISTRAR'S SIGNATURE VS. AISME Circles S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

Prince Georges

12. CITIZEN OF WHAT COUNTRY?

6004 Longfellow

(County)

INTERVAL BETWEEN

PERFORMED? NO I

(Stote)

and in my opinion

DATE SIGNED

(Stelle)

ONSET AND DEATH

Months

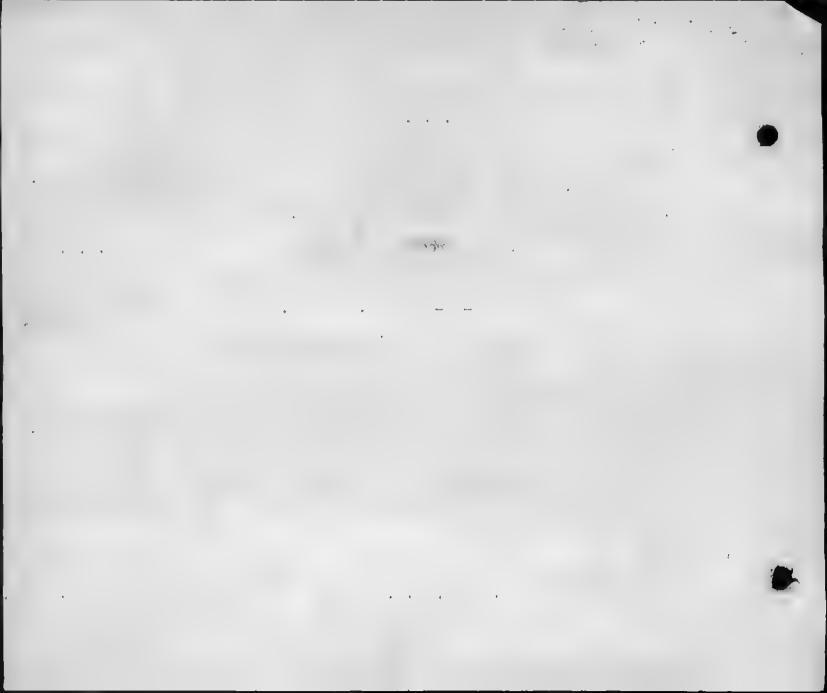
D. IS RESIDENCE ON A FARM?

YES NO X

19 61.

IF UNDER 24 HRS.

AND RECORDS.



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Α	1 DESE	& PCH	AND	PECOI	2DS	301	W.	DREST	MOI	STREET	B

١		CERTIFICATE C	OF DEATH	14329
	a. COUNTY Prince George's b. CITY OR IOWN (if outs de corporale limits, write RURAL and give nearast town) Cheverly	MARYLAND NGIH OF STAY IN 16	e. STATE Maryland c. CITY OR TOWN (If outside corporate Mt. Rainier	b. COUNTY Prince George S s I mils, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, g Prince George's General Hosp 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARR ED 10. USUAL OCCUPATION (G ve kind of work 1.5 of 10. U	A. Pec	20.00	December 7 Is One 24 Hrs. The state of the
-	done 'ring met of working life avan " mired! ' Housewife Own F		Washington D.	
-	John Robert Haskins 15. WAS DECEASED EVER IN U.S. ARMED FORCES. 10. SUCHM [Yes, no, or unknown) (Ifyasgivawarordatasofsarvice)	AL SECURITY NO. 17. INFO	Elizabeth Virg	inia French
	18. CAUSE OF DEATH [Entar only ona cause per lina for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTIONS	end Vascu itensine C	Certhrenlows andie Vascula	Deservi ?
	PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTED 208. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED, (Ente	er natura of in ury in Part 1 or Part I of	YES NO tam 18.,
	Hour s.m. While _N	OCCURRED 20a. PLACE Of the thing of the thin	F INJURY (Homa, farm. 20f. (City or trast, office bldg., etc.)	town) (County) (State)
	21. I cartify that (I) (this hospital) attended to saw the deceased alive on	he deceased from. I19.61, and that dea	ATTENDING MED. MED. DIRECTOR DIRECTOR DIRECTOR	1961, that (1) (we) last the causes and on the date stated above 22b. DATE SIGNED Hyattsville, Md.
	236. BURIAL, CREMATION, 236 DATE THEREOF 23c. DREMOVAL (Specify) 12/9/6/ 24 FUNERAL DIRECTOR'S SIGNATURE Halleys Fineral Home	HAME OF CEMETERY OR C	colu Colm	as Manor Maler (State) 1 (25b. REGISTRAR'S SIGNATURE COLUMN S. MINER

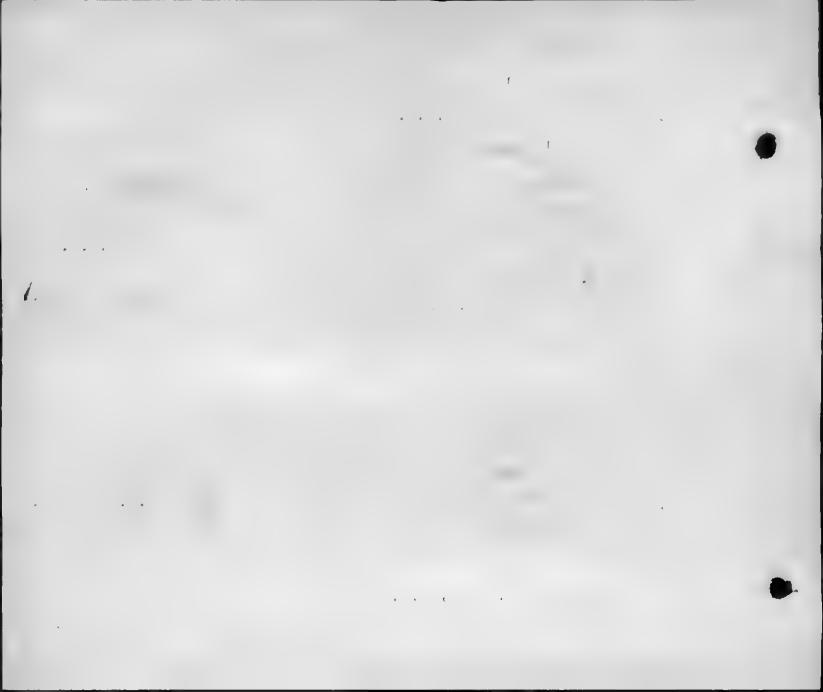
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" the is the the the the R. Henras.

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Division of STATISTICAL RESEARCH AND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution: Residence before admiss on) a. COLNTY director, Pay Prince George's rince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town) ŏ Cheverly

NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bowle d. STREET ADDRESS . IS RESIDENCE ON A FARM? George's General Hospital 9th Street YES NO F 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 22 1961 AR, I UNDER 24 HRS. Dunbar Phelps December 2 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH age 5 may 1 and 2 wi 72 hours last birthday) Months February 12,1895 66vm WIDOWED -DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 18. Give Pages 1 form PM3. Pag Retired U.S.A Maryland
14. MOTHER'S MAIDEN NAME within Clerk 13. FATHER'S NAME William W. Phelps Capitola Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) [(If yes give were rdates of service) 71.25 Spencer Phelps 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Conditions, fany, which Crushed chest gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 8), 19, WAS AUTOPSY Medical Ex should be u PERFORMED? NOTE -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of them 18.) 3 should PRIMARY | or CONTRIBUTING | Occupant of automobile that was struck by another 201 NURY OCCURRED TO. PLACE OF INJURY (Home, farm, 201 IC ty or lown) (County) Month, Day Year On Road at work at work Bowle 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🗶 Inquiry 🕱 and in my opinion death resulted from. Accident 🔀 Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL BOYD, M.D. Addr NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCAT ON (City, lown, or country) 4 0 g 12/26/61 Collington, Burial Holy Trinity Church 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland DATE DEC 2 7 '61 C' hur S. Thousa





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

funeral

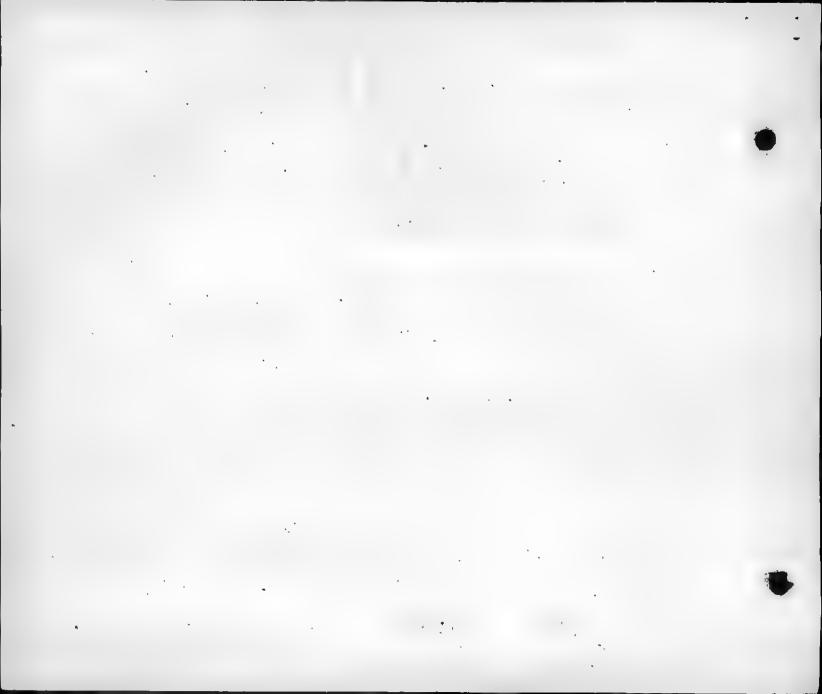
and

TO FUNERA

VS A15 (4)

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STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. CITY OR TOWN (if outside corporete limits, by the and deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (f not in hospifal, give street address) DECEASED (Type or print) DEATH 6. COLOR OR RACE AGE IIn Years HE UNDER I YEAR 7. MARRIED NEVER MARRIED lest birthdey) Months WIDOWED physician TO IB. CAUSE OF DEATH [Enter on y one cause Uremia IMMEDIATE CAUSE (a) Generalized Arteriesclerosis (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20a PLACE OF INJURY (Home, ferm, 20f. (C'ty or wn) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While _Not While Hour a.m. el work at work 21. I certify that (I) (this hospital) attended the deceased from 11/22 961 19 and that death occurred at M.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURI PHYS. DRECTOR 22c. PHYSICIAN'S 22d, ADDRESS 322- H. St. N.E. - Washington, D.C. Collins. M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Q. RÉC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) Commy S. Torans

e. IS RESIDENCE

19 IF UNDER 24 HRS

ONSET AND DEATH

days

PERFORMED? NO F

(County)

96.49...., that (I) (wa) last

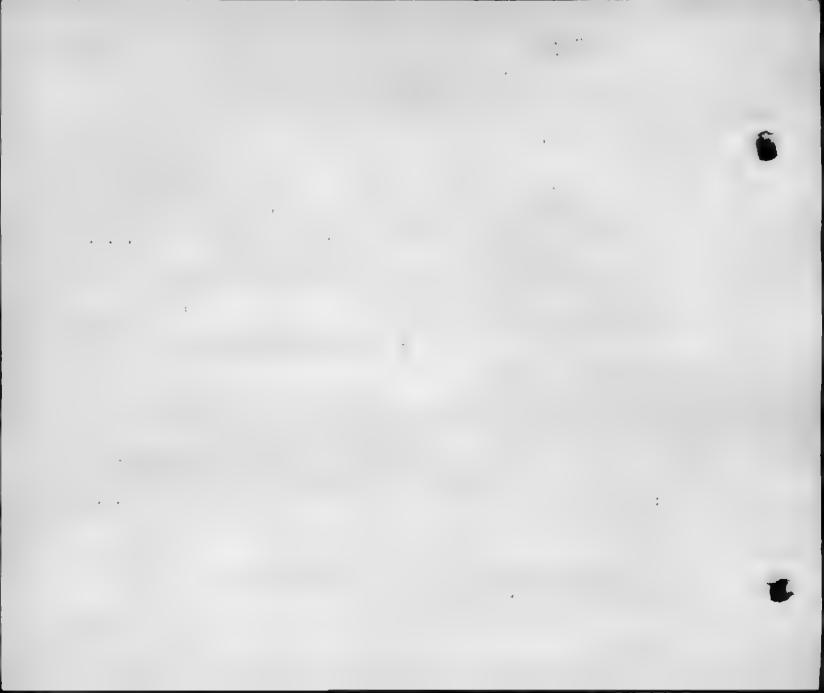
12-20-196 INED

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

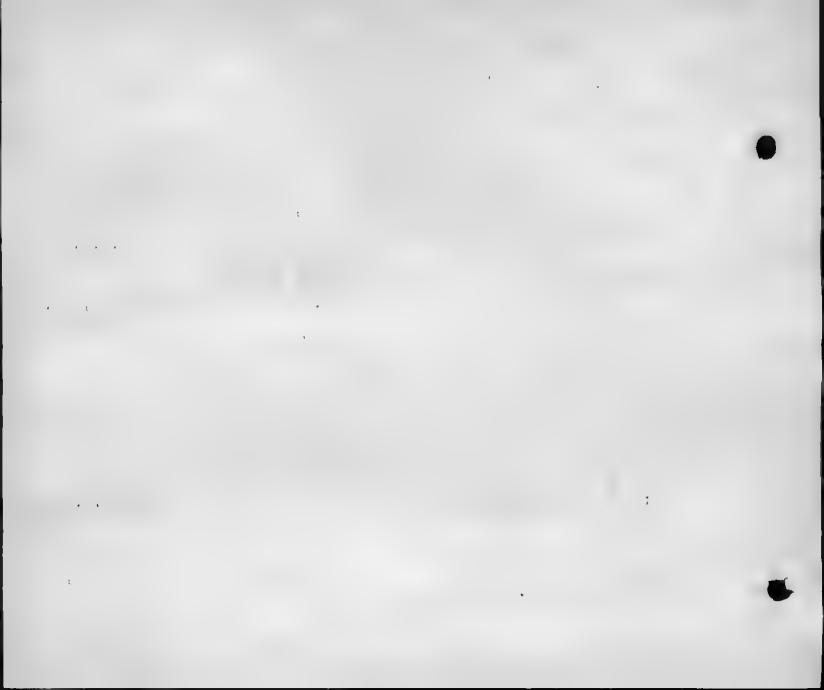
15M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4365MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, if institutions Residence before edm spon) I. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery necessary, ector, Page Prince George's MARYLAND b. CITY OR TOWN ('I outside corporeta limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ouls de corporele limits, write RURAL end give neeres lown) write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give a reel address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 601 Sligo Avenue George's General Hospital YES NO TO 3. NAME OF Year DECEASED December December Ryan Lois (Type or print) June with 6. COLOT PER TO T. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. loss, birthday) age 5 may 1 and 2 wir 72 hours Months Female MAXALA WIDOWED | DIVORCED A 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired) U.S.A. 18. Give Pages 1 form PM3. Pag Telephone Operator Telephone Michigan pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give Gertrude Ellen Krome George Richard Dulyea it. File 2009 Quinn Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or detes of service) William Levis Dulyea, Silver Spring, Md 18. CAUSE OF DEATH [Enter only one cause per line for ,a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute carbon monoxide poisoning pue #IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which gave risa to immadiate causa va 10 DUE TO (e), stating the undarlying Examiner 98 0 should be used a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 61: 19. WAS AUTOPSY PERFORMED? writing the word NOY'-Medical 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Ism 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 3 shourial, in a car that had a defective exhaust Chief 20d, INJURY OCCURRED (20a, PLACE OF INJURY (Home, form, 20f. (City or town) age to bu 20c. TIME OF INJURY Month, Day Year (County) (Stata) factory, street, office bldg., etc.) Not While the R: Pa Md et work 🔲 🛮 al work 🦅 Public Street Bladensburg rded to 21 I certify that I took charge of the remains described above, held an Autopsy inspection X Inquiry X and in my opinion MED cute the ce forwarded by DIRECT d agent, p death resulted from-Natural causes Accident 3 Suic de 1 Homicide | Undetermined manner CHIEF MEDICAL EXAMINER [designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE EXAMINER'S Boyd James I. NAME (Typa) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) Mem Jarden / //wsi VS. A15ME 5M 9/60



EET. BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE 2. USUAL RESIDENCE Where decessed lived, If institution, Residence before edmission 1. PLACE OF DEATH a COUNTY a. STATE **b. COUNTY** Prince George Maryland Montgomery

c. CITY OF TOWN'III outs de corporate limits, write RURAL and the reasest own) b. CITY OR TOWN (f oulside corporate cimits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Takoma Park Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 39 Philadelphia YES NO George's General Hospital 4. DATE DECRASED the (Type or print) DEATH Julia Marie Schaff December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR 1915 last birthday) Female age 5 me 1 and 2 72 Arox WIDOWED [DIVORCED TO 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Restaubant Waitress Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Moses Hannah Joseph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT 7015 Newsh Ave (Yes, no, or unkown) (If yes give were r detes of service) Louis W. Moses West Hyattsville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ltransit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Intracranial hemorrhage IMMEDIATE CAUSE (a) **DUE TO** Examiner's Office removal, burial Due to a fall Conditions, if any, which (6) gave rise to immediate cause rD. DUE TO (a), steting the underlying 95 ö used jon, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? should be tial, crematit NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING TO ite, writing the the Chief Me R: Page 3 sho ior to burial, Fell an head struck the tiled floor 20c. TIME OF INJUST 20d, INJURY OCCURRED, 20s. PLACE OF INJURY (Homa, ferm, 20f. (City or lown) [County] (Stata) fectory, street, office bldg., atc.) While Not While Deca 16/61 work at work otel Room College Park pi Inspection ... 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inquiry 😽 and in my opinion ō rule the cermon be forwarded to AL, DIRECT death resulted from-Homicide Undetermined manner Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE December 18,1961 DEPUTY MEDICAL EXAMINER XX **EXAMINER'S** ames I. Boyd NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Spec fy) 240 g 23. FUNERAL DIRECTOR VS. A15ME



FOR STATE please execute life certificate, writing the word "pending" in pendin in item 18. Give Pages 1, 2, and 3 to the in the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours. Here

> VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7	4367	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	14367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ı	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
ı	Prince Georges MARYLAND STATE MARYLAND 6. COUNTY TA. GRO
ľ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN/If outside corporate limits, write RURAL and give nearest town)
ı	Westchester Hears Nestchester
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
I	108 Westshester Davide 1, 6 m. 40/ to 10 ONA FARMY
ı	3. NAME OF First Middle Last 14. DATE Month Day Year
ı	DECEASED (Ive or night)
Y	VYATTE LEFOY JOHNARE JEE 14 1961
1	M. / lag birthday Months Days Hours Min.
ŀ	106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
ı	deta during most of everking life, even if national
	Steam Fifter Construction, Missouri U.S.A.
ı	13. FATHER'S NAME
	Herry scharaster huknown
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give war or de tassof service)
	NO NORMA JEAN MARSH EXON HILL NH
	18. CRUSE OF DEATH [Enter only one cause par line for (s), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (8)] ASBUTY AS
ı	9 14 X DUE TO
I	Conditions, if any, which \ (b) HANGING
ı	geve rise to Immediate cause
ı	(a), stating the underlying cause last.
L	
П	PERFORMED?
Г	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Errier nature of injury in Part I or Part II of item 18.)
I	DE PRIMARY OF OF DEATH. HANGED SELT IN hall NAV at Home
l	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
l	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 10f. (City or town) (State) West Chester Ps. Md
Į,	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
I	death resulted from: Natural causes . Accident . Suicide . Undetermined manner
ı	CHIEF MEDICAL EXAMINER
ł	ACCIVAL DA ACCICALITATION OF THE PROPERTY OF T
l	DEPUTY MEDICAL EXAMINER IT
4	EXAMINER'S TO
F	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
ı	REMOVAL (Specify) The 19 11 (Co Day) 1600 Md
1	23. FUNERAL DIRECTOR ADDRESS ADDRESS 240. REC'D'BY REGISTRAR'S SIGNATURE
I	1 1 1661 - Good Hope 124 SE DEC 18'61 Com and & records
I.	Oxminutes 1943. WASh 20 DE DATE



3.

5.

10e.

13.

15. (Ye:

MEDICAL CERTIFICATION

23a

24

· MARYLAND STATE D	EPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD	S. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14368 CERTIFICAT	
LACE OF DEATH	2. USUAL RESIDENCE (Where dacessed lived, If institutions Residence before edmission)
Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Prince Georges
CITY OR TOWN (if outs'de corporete amits, c LENGTH OF STAY IN 16	
write RURAL and give neerast town) Cheverly 2 days	144 ESPERATE Colmar Manor
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Prince Georges General Hospital	3405 40th Place
NAME OF first Middle	Last 4. DATE Month Day Year
7 13 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Schneck Dec. 11 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale White WIDOWED D VORCED	30 Sept . 1883 fast birthday Months Deys Hours Min.
USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	
TONE FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Mi Curco	annie Ochnam
WAS DECEASED EVER IN U.S. ARMED FORCEST . 16. SOCIAL SECURITY NO. 17	INFORMANT
Mo- Shower a	mais maris 3405-42-11 Clare Many
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e) (5), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 Cho DNCLLMUNCO
420111 DUE TO J	1-10
Conditions, if any, which \ (b)	oxclerate Htta
gave rise to Immediate cause (e), stating the underlying DUE TO	
ceuse lest. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	YES NO T
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of in ury in Part I or Pert II of Itam 18.)
	LACE OF INJURY (Home, ferm, 201. (City or town) (County) (Stele)
p,m, 19 et work at work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
	at death occured at 1.3.4 No whom the causes and on the date stated above.
220. SIGNATURE Landon W Kelley	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
NAME (Type Dr. Gordon W. Kelley	
BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION, (City, 19wg or county) (Stole)
Burial 12-14-61 Magnet	a Comiley Harbrolle forth Cardine
FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
u. M. Chambers low. Riverdale?	Med - DEC 1 4 '61 Calus & Krana



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE 436 MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission) e. COUNTY Prince George's MARYLAND b. CITY OR TOWN lif outs'de corporate limits, C. LENGTH OF STAY IN 16 c City OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) Cheverly ቕ Washington DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? George's General Hospital 2821 7th Street YES NO. 3. NAME OF 4. DATE DECEASED 19 (Type or print) Virginia Elizabeth Schoenbauer DEATH December with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home District of Columbia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Lawrence Julia Kenny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 2710 Webster Address (Yes, no, or unkown) (If yes give war or dates of service) long with No Joseph Charles Schoenbauer Mt Rainier, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEMING PART I. DEATH WAS CAUSED BY. Coronary occlussion in pencil IMMEDIATE CAUSE (e) Office a DUE TO Conditions, if any, which Coronary artery disease gave rise to immediate cause PO DUE TO (e), slating the underlying Examiner cause lest. be used cremation, PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART (18) 19. WAS AUTOPSY CERTIFICATION Word PERFORMED? Diabetic for last 14 years Medical NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part II or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS T MEDICAL EXAMINER: PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Chief / sage 3 s 20c TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (Courty) (State) While Not While factory, street, office bldg., etc.) prior al work at work should be forwarded to the FUNERAL DIRECTOR. 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection kt Inqu'ry 3 and in my opinion death resulted from: Natural causes 😿 Accident [Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER | designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S December 14,1961 NAME (Type) Address (Street, city, town, or county) NAME OF CEMSTERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) ₹40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 Ci Thur S. Thrones



VR A15 (4) 15M 9/59 A

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH	AND RECORDS B	ALTIM	ORE 1, MARYLAN	O

CERTIFICATE OF DEATH

14340

	1/270		CEKIIIIK	PAIE	OF DEATI	1			454	U
1. PLACE OF DEAT	H TEOLU			2. 0	SUAL RESIDENCE (V	Where deceas			e befare adn	nission)
PRINC			MARYLAI	ND	STATE MARYLAN	D	b. COUNTY	PRINC	CE GEO	RGES
b. CITY OR TOV	VN (If outside corporate li ve nearest lawn)	mits, write c. I	LENGTH OF STAY IN	16	CITY OR TOWN (II	f outside corp	orote limits, write R	URAL ond gi	ve nearest to	own)
ANDRE	WS AIR FORCE		9 DAYS		SUITLAN	D				
d. NAME OF HO OR INSTITUTI US AI	OSPITAL (If not in hospitol, ON R FORCE HOSP	give street addr PITAL	ess)		STREET ADDRESS	וו מיתוד	TIT DOID		ON	RESIDENCE N A FARM?
3. NAME OF			444.4		7024 01	LVER H	ILL ROAD			
DECEASED (Type or print)	EDWA	First	Middle	CHONE	Lost A NTIZ	4. DATE OF DEATI	Moi TALETA TO THE	****	Day 10	Yeor
5 SEX	6. COLOR OR RACI		KNEVER MARRIED		TE OF BIRTH	DEAT	9. AGE (In years		YEAR IF UN	19 6
MALE	CAUCASIAN	THE WALLES		_ _ 4		1887	lost birthday)		Days Hou	
IOG USUAL OCCUP	ATION (Give kind of world	k done 10b. KINI	_	<u> </u>				12. CITIZ	EN OF WHA	TCOUNTRY
during most of MAINTE	working life, even if retire	ed)		GINER				TIM	TED S	TATES
13. FATHER'S NAME		ja satsa 11.	THAMPION DIN		MOTHER'S MAIDEN	1100		0213	, ans	TWITTO
AUGUST	SCHONRANK				ANNA (MA	IDEN N	AME UNKNO	WN)		
	EVER IN U. S. ARMED FO		IAL SECURITY NO.	17 INFORM				Iress		
NO NO or unknown)	(If yes, give war or dates o	r service)		RONAL	D. LOUGHRET	Y	SAME AS	ITEM	#2	
1B. CAUSE OF	DEATH [Enter only one	cause per line fo	r (o), (b), and (c)-]		ran y				INTERVAL	BETWEEN
PART 1.	DEATH WAS CAUSED BY IMMEDIATE CAUSE	PULM	ONARY ADEM	IA.						NO DEATH
142	O _ C DUE 1									
Conditions,	if any, which	(b) ARTEI	RIOSCLEROT.	IC HE	ART DISEAS	SE			20	YEARS
	o immediate (fing the <u>under-</u> DUET	0	~~ ~~~							
lying couse I		(c) CHROI	VIC PULMON	ARY D	ISEASE				15	YEARS
PART II.	OTHER SIGNIFICANT CO	NDITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEA	SE CONDITION G	VEN IN PART		AS AUTOPSY
<u> </u>										NO [
□ OR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER	H I	HOW INJURY OCC	URRED (En	ter nature of injury i	n Port I or Po	art II of item 18)			
S 20c. TIME OF IN		ear 20d. INJUR	Y OCCURRED 20		F INJURY (Home, fo		ty or town)	(C	ounty)	(Stote
20c. TIME OF IN	m. 19	While of work	Not while at work	toctory,	street, office bldg , e	efc.)				
21 I certify	that (X (this hospite	al) attended	the deceased fro	om3_	DECEMBER 1	9 61 to	12 DECEM	BER 6	1 that 7	(we) los
	ceased alive on 12		ER9_61 and th							
22o. SIGNATUI	- ()) .								226 DATE SIGNE
	Jsaac L	Masse	元	M.D	PHYS []	MED DIRECTOR	STAFF PHYS X	12 D	E CEME	ER 196
22c. PHYSICIAN NAME (Ty		ZER CAP	USAF MC		USAF HOSI	P ANDRI	EWS AFB M	D		
230 BJRIAL, CREM		EOF 23	NAME OF CEMETER	RY OR CAE	MATOR	23d. 198	ATION (City, 19wn,	or county)	(S	itate)
SLULLE DIRECT	There signature	100	40 DIESS GOO	10	TOPP	De	ullan	CTRAP'S SIG	NATURE	
24 FUNERAL DIREC	ADMC B	0000	EN CA	dan	DATED DATED	C'D BY REGIS	51RAR 256, REG	STRAR'S SIG	145	
9//1/1	111113 421	277 \	0 06 6	UM	2 / DATEU	Beege of A. a		- 10		



TO HOSPITY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

I may be retained by the hospital or attending physician.

TO FUN..... DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Leges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61 1/6

Section 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

4371	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
Prince George MARYLAND	* STATE Taurel , M. b. county Geo. Co.
b. CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL end give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
- Eugene Leland Memorial	1036 Ward St. YES NO D
3. NAME OF DECEASED	Last 4. DATE Month Day Year
(Type or print) William Scept James Sc	ott DEATH 12- 5 19 61
	DATE OF BIRTH
M-7- Lifest to	12-23-79 8 st birthday) Months Days Hours Min.
THE THE PROPERTY OF THE PROPER	ya.
done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Owned store	Missouri U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scott, James	Beekman Margaret
	NFORMANT Addyss
Yes, no, or unkown) (Ifyesgivewerordelesofservice)	will have a little of he to
18. CAUSE OF DEATH Enter only one tause per line for (e), (b), and (c).	thanky have Interval or WEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (2)	
43411 DUE TO >	and it has been a
Conditions, if any, which \ (b)	2) mile Occilians
gave rise to immediate cause	
(a), sieling the underlying	
(0)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2015 OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
S ACCIDENT HAS INDEPLYING TO ACCURE LIGHT ON HUBY OCCURREN	YES NO
E 200 ACCIDENT WAS UNDERLYING ☐ , 20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part II of Itam 18.)
	_
	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour e.m. While Not While tack at work	11 (0)
21. I certify that (I) (this haspital) attended the befeased from	162, to 182, that (1) (No) last
1 None of the second	120
	death occured at
228 SINATURE	ATTENDING MED. STAFF SIGNED
	D. PHYS. DIRECTOR PHYS
22c. PHYSICIAN S NAME (Type)	22d ADDRESS
ROBERT C. WINGFIEL	The state of the s
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burner 12/7/6/ Union Ce	melens Burlamorelle Mel
24 NUMERAL DIRECTOR'S SIGNATURE ADDRESS	25. REC'D BY REGISTRAR 25b. REGISTRAR S. SIGNATURE
half lesent of the first of the filled	DATE DEC 1 1 '61 Co. Sun 2. Turne
TO CHELLE AND	Novic DEA



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4372 . PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fived, If Institution; Residence before edmission) e. COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince_George's b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) l Day Cheverly Mitchelville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital Route 2 3. NAME OF Last 4. DATE Month DECEASED OF (Type or print) Rebecca Sellman DEATH December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR last t hday) Female Colored WIDOWED [DIVORCED [8-30-96 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY County & State, o country) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECUR TY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) , PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 20b. DESCRIBE HOW NIJRY OCCURED, lenter neture of in ury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bidg., etc.) While Not While Hour e.m. el work et work p.m. saw the deceased alive on.... 22e. SIGNATURE MEDA - M. ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type)

funeral by the and 2 death. 5 complete carbon *** and physician ding 티 the signed burial-transit peen has the certificate After this may be retain DIRECTOR: FUNERAL ector, death. ه څ VR A15 (4) 15M 9/60

ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO F (County) (Stete) 22b. DATE SIGNED 612h hist Avenue, Hyattsville, Md. Dr. Gordon W. Kell NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CRBMATION, 1 23b. DIRECTOR'S SIGNATURES Outher S. Thomas DATE DEC

. IS RESIDENCE ON A FARM?

YES NO

61

Year

19

Hours

INTERVAL BETWEEN

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Day

Months



VS A15 (4) 15M 10/57

1	1
U	Jenn.
	N.
n n	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		4372		CERTI	FIC/	ATE OF DEAT	H	Res	g. Dist. No.	14667
1.	PLACE OF DEATH	nce Geor	rges t	MARY	LAND	2 USUAL RESIDENCE (W		d. If institution: Re b. COUNTY P1	rsidence befor	re odmission)
	6 CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF				
R	RURAL ond give nee	r Marlbo	ro	21 yrs		RURAL-Upp			X	
	d. NAME OF HOSPITA	L (If not in hospital,	give street o	ddress)		d STREET ADDRESS			1	e. IS RESIDENCE
B	ox 31					Box 31				YES NO A
3.	NAME OF DECEASED (Type or print)		con	Middle		Sherbert, J	4. DATE OF DEATH	Month Decer	nber	31, 1961
	SEX		7. MARRIE	ED 🔣 NEVER MARRIE	ED 🔲	B DATE OF BIRTH	9. A			IF UNDER 24 HRS
\vdash	Male	White	WIDOWED			May 9, 1917	7	44 yrs.	Ths Days	Hours Min.
	Shop Fore	ng life, even if refired	" C	ind of Business o ounty Bd Education	. 0	Marylar		y) 1:	U. S	S . A .
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I				
1		herbert,					rude Cr	andell		
J's,	NO DECEASED EVER	IN U. S ARMED FOR		8-10-709		rs. Thelma	Agnes	herber	t-Same	e as Ite
			ouse per line	for (a), (b), and (c).]					RVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	acc	te Care	mo	on Ocali	win		NS T	ET AND DEATH
L	7 3	OUE TO)			1 1 0				- /
	Conditions, if on		11	upano	lia	2-15che	mia			3 days
	gove rise to im couse (o), stating the lying couse lost.		Con	many	an	tery hear	0 0	ore-	Zu	uknow
CATION	PART II OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
				nance	ce f	note				YES NO Z
L CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	ribe HOW INJURY OF	n A	D. (Enter noture of injury in	Port I or Port II o	fitem 18)		
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	1		20e. PL/	ACE OF INJURY (Home, form	1. 20f. (City or h	swn)	(County)	(State)
MED		none 19	While of work	Not while of work			_			
	21. I certify the	t 1 attended the	decease	d from Dea	/	8 19 6/10 D.	ec 3/	196/the	at I last so	w the decease
	alive on De	c. 3/	126	and that	death	occurred at 3_15	AM. from th	e causes and a	on the dat	e stated above
	-							city or town, state)		DATE SIGNE
	ACTUAL SIGNATURE	rule 21	and	Cotto.	1	M.D.544051	IVER A	ilkd S	2 in 1	De3/19
	PHYSICIAN'S PAME (Type)	Aulc V.	aN	NATTA		WASh	INGL	6× 20	760	=
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREC)F	22c. NAME OF CEME			22d. LOCATION	(City, lown, or cou	ntyj	(State)
-	urial	1/3/62		Trinity	Ce	metery	Upper	Marlbo:	ro	Md.
1	FUNERAL DIRECTOR'S		1 7*	ADDRESS			D BY REGISTRAR	24b. REGISTRAR	'S SIGNATUR	
ļμ	itchie Bi	ros.Funi.	L Hom	ie-Upper	Mar	lboro, ld.	AN 11 '62	C 22 3144	4 10.	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 1374 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Prince Georges a. STATE **b.** COUNTY Prince Georges # 2 F MARYLAND b. CITY OR TOWN lif outside corporate I mits. and c. LENGTH OF STAY IN 16 c. C TY OR TOWN. If outside corporate limits, write RURAL and give neerast lown) þ write RURAL end give nearest town) Cheverly Kent Village d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2811 Georges General Hospital YES NO 75th 3. NAME OF M ddle DATE Month Year DECEASED SHUPP Dovle DEATH Dec. 25. 19 61 (Type or print) 7. MARRIED THEYER MARRED THE B. DATE OF BIRTH 9. AGE (In yeers If UNDER I YEAR! IF UNDER 24 HRS. 5. SEX po lest birthday) and D. VORCED TI Nav 24. Car Fem,le WIDOWED IX physician 10a. USUAL OCCUPATION (Giv_ kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foraign country) 12. CIT.ZEN OF WHAT COUNTRY? гетоме done during most of working life, even if retired) Franklin Co., Penna. housewife 13. FATHER'S NAME 1 14. MOTHER S MAIDEN NAME pleam ding Jacob Trumpower Anna Mary Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) ná Grove, Hagerstown, Md. none 18. CAUSE OF DEATH [Enter only one cousa par time for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen (b) geve rise to Immadiete cause DUE TO (a), stating the underlying couse last. the he PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? certifica NO 7 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of neury in Part I or Part I. of item 18.) OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (Stata) fectory, streat, office bldg., etc.) Whila Not While Hour e.m. at work at work may be retained DIRECTOR: 1963 U. 21. I certify that (I) (this hospital) attended the deceased from. , and that death occured at from the causes and on the date stated above saw the deceased alive on. 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) death.
O FUN
director, ector, filed 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Rest Haven Cemetery | Hagerstown, Md. burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Md JOAT DEC 2 8 '61 VR A15 (4) Learning of Theres 15M 9/60 Scott F. Minnich & Son, Hagerstown,

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Page b. CITY OR TOWN (f outside corporate limits, MARYLAND Maryland Prince George's
c. CHY OR TOWN If outs de corporete limits, write RURAL and give nearest town C. LENGTH OF STAY IN 16 rector. write RURAL and give nearest town) Mt. Rainier 13 years
d. NAME OF HODY FALOR NOTHINGTON (if not in hospita, g ve street address) Mt Rainier IS RESIDENCE ON A FARM? Upshur YES NO NO reta.. Upshur Street 4. DATE 3. NAME OF Year Middle DECEASED -Smith (Holbrook PEATH December Elizabeth lo th (Type or print) -Tipton 1961 IF UNDER 24 HRS. with 5. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yaers | IF JNDER 1 YEAR 5 may ld 2 wiff lest birthdey) Months | Days Hours Min. and March 21,1880 Female WIDOWED DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page 1, 2, page 1, page 1, and within dona during most of working life, even if ratired) Maryland
14. MOTHER'S MAIDEN NAME U.S.A Own Home Housewife PM3. 13. FATHER'S NAME Hannak Tippton 15. WAS DECEASED EVER IN J.S. AKMED FORCES? FIE 16. SOCIAL SECURITY NO. 17. INFORMANT 4309 Russell (Yes, no, or unknown) . (If yes giva war or dates of service) Hazel Mamie Smith Mt. Rainier, Yes None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] e along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: YOCAR DIA IMMEDIATE CAUSE (e) pencil should be Office DUE TO buria removal, THROMBOSIS Conditions, if any, which (b) gave rise to immadiate cause N O DUE TO (a), stating the underlying SE Examiner ō nsed should be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex YES IN NO 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury In Part I or Pert I of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH ifing 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Certificate, w. While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry X and in my opinion I ME. Secure the contraction of forwarded agent, p. Agent, p. Agent, p. Natural causes X. Undetermined manner Accident Suicide Homicide | death resulted from: CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED ACTUAL should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER IC 12/23/61 EXAMINER'S BOYD, M.D. NAME (Typa) Address (Street, city, town, or county) DE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22a. BURIAL, CREMATION. REMOYAL (Specify) Burial 12/26/61 Md. 0 <u>5</u>40 9 George Washington Hvattsville 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **DEC 2 7 '61** William & Time VS. A15ME Francis Gasch's Sons Hyattsville, Maryland DATE SM 9 60

VLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE **6. COUNTY** by the and 2 death. Prince Georges Ca MERYLEND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and pive nearest lewn) Clenn Dale (rural) 30 days Washington d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 2009 Franklin St., NE YES NO -Glenn Dale Hospital MAME OF 4. DATE comple pap DECEASED OF [Type or print] DEATH James carbon AGE (In years I IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months WIDOWED Y Male Negro 104 USUAL OCCUPATION IG. ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Retired(government) Guard 13. FATHER'S NAME Henry Harris Smith
was deceased ever in U.S. Armed Forces? 16. Social Security NO | 17. INFORMANT Betty Moore aftend Address 424 West Stonewa (Yes, no, or unkown) | (If yes give wer or dates of service) Decedent and Unknown Mrs. Susie H. Payne Charlotte Car Mach 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., end (c),] ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Dehydration, malnutrition and toxicity been signed IMMEDIATE CAUSE (e) syndrome approximately DUE TO Multiple infected decubitus ulcers h months Conditions, if eny, which gave rise to immediate cause DUE TO the bur burial, (a), sleting the underlying has certificate PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY Generalized arteriosclerosis; pulmonary emphysema; osteoporosis; fracture neck, rt., femur, open reduction & replacement of femoral head by metallicatives was Autors br 20a. ACCIDENT WAS UNDERLYING | 20b DESCR BE HOW INJURY OCCURED. [Enter neture of injury in Part I or Pert II of them IB.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) O oni 20d, INJURY OCCURRED | 20a, PLACE OF SNJURY (Home, farm, 20f. (City or town) (Stele) 20c. TIME OF INJURY Month, Day, Yeer [County] lectory, street, office bldg., etc.) While Not While Hour a.m. chre at work al work DIRECTOR: ., 196.1, that (I) (we) last 22b. DATE 22e SIGNATURE CO3 SIGNED 0) ATTENDING prosthe 13/61 PHYS. DIRECTOR 🕌 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince Georges' County, MD. National Harmony Eurial 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61

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RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY a. STATE by the and 2 death Prince George's MARYLAND Maryland Prince George's c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) b. CITY OR TOWN (Toutside corporate fimils, c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Cheverly 10 days Brandywine d NAME OF HOSP TAL OR NSTITUTION (if no. in hospital, give street address, . IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince George's General Hospital P.O. Box 11103 YES NO 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Smith 19 Oscar December 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BRTH lest birthdey) | Months pue | Colored WIDOWED Male 10 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIR, HPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U.S. A. nding phys Unemployed None South Carolina 13. FATHER S NAME John Smith Charlotte Rhinehart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give wer or deles of service) - Brandywine, Maryland Ellie Smith 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 200 IMMEDIATE CAUSE (0) Signed DUE TO (b) geva risa to immediate cause DUE TO (e), stating the underlying certificate f PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+)) 19. WAS ALTOPSY PERFORMED? NO 1 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd, NJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While al work al work TOR: 19.61 to 12/20 19.61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... DIREC 226. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 612h hist Avenue, Hyattsville, Fd. Gordon W. Kelley FUNE 23d, LOCATION (City, town or county) (Stete) 238. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) åo₽ åo₽ D. C. Washington Woodlawn Cemetery 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATEDEC 2 7 '61

4,0 t g D. 1 nt . a 1



TO HOSPITAL OR ATTENDING PHYSICIAN: The law mequies that the death certifical be executed within 24 hours after the death. It may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely him by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. It is all and 2 should be defached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CERTIFICATION

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	PARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 14379 CERTIFICAT	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 4.4.2.4.0
PLACE OF DEATH COUNTY Prince Georges MARYLAND C. LENGTH OF STAY IN 1b write RURAL end give neerest lown	2. USUAL RESIDENCE [Where decessed lived, if institution is Residence before edmission] e. STATE Maryland b. COUNTY Prince Georges c. City OR TOWN (if outs'de corporate limits, write RURAL end g'va nemest town)
Cheverly 32 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress Prince Georges General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress Prince Georges General Hospital NAME OF HOSPITAL OR INSTITUTION (if not in hospital) Prince Georges General Hospital Middle Middle M.	Upper Marrhoro d STREET ADDRESS Doves Apt. #12 Lest DATE Month Dey Yesr Smith DEATH Dec 6 19 61
Female White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work to during most of working hise, even if relired) Housewife Own Home	July 17, 1916 19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.)
Thomas Perrie	Sarah Windsor
18. CAUSE OF DEATH [Enter only one couse per I no tar (e), (b), end (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gove rise to immediate cause (a), stelling the underlying DUE TO Essuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
Hour e.m. p.m. 19 200. INDEX OCCURRED 200 PLA factor factor et work et wark	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured a 2.25 Murom the causes and on the date stated above. ATTENDING MED. STAFF SIGNED
Dr. Gordon W. Kelley Bur al, Cremation, 23b. Date thereof 23c. Name of Cemetery Common Light 12/8/61 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	6121 List Avenue, Hyattsville, Md. CREMATORY 23d. LOCATION (City, town or county) Va. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
rancis Gasch's Sons Hyattsville, Md.	DATE DEE 11 '81 C Than & Prom



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If Institution) Residence before edmission) e. COUNTY **b. COUNTY** Frince Georges MARYLAND the 12 c. CITY OR TOWN (.f. outside corporate limits, write RURAL and give pearast town) b. CITY OR TOWN (f outside corporate .i by ff E. LENGTH OF STAY IN 16 write RURAL and give neerest town) d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO Georges General Hospital DECEASED (I you or print) Jesse DEATH Sprowls carbon B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED lest birthdey) and Months Male WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! physician 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) гетноме done during most of working life, even if retirad) Pennsylvania U.S. A. Professor Maryland 14. MOTHER 5 MAIDEN NAME 13. FATHER'S NAME Stockdale Sprowls Cora Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) (If yes give werer dates of service Glenn Sprowls Washington, Pa. RFD 6 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cousa par | ne for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) theat Due or o 0.6 DUE TO Conditions, if eny, which [b] been geva rise to immadiate causa **DUE TO** (a), stating the underlying certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO A 206. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm.) (County) factory, street, office bldg., etc.) Not While While Hour am et work at work 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) death.
TO FUJ
directo 23b. DATE THEREOF 23a, BURIAL, CREMATION, 12/16/61 George Washington Hvattsville. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Colling S. Thomas DATE DEC 1 8 '61 15M 9/60 Francis Gasch's Sons Hvattsville, Md.

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) B. COUNTY a. STATE b. COUNTY MARVIAND Prince George's Maryland b, CITY OR TOWN (if outside corporate limits, c. CIY OR TOWN (If outside corporate l'mits, wr'te RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Baltimore c d. NAME OF HOSP, IAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS Prince George's General Hospital 1217 Hanover Street 3. NAME OF 4. DATE DECEASED OF (Type or print) Stallings DEATH December Tda carbon 16. COLOR OR RACE T. MARRIED THEVER MARRIED 19. AGE I'm years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 8. DATE OF BRITH lest birthday) Female Months WIDOWED T 10a. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE County & State, or forging country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 6 Housewife 솓 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding William John Buswell Tsa eile Gardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown), (If yes give werer dates of service) .rs. Hilda Peaki-172h-lh IB. CAUSE OF DEATH [Enter only one cause per tire for (a), (b), and (c). ά I. DEATH WAS CAUSED BY: RONCHOPNEUMONIA IMMEDIATE CAUSE (a) Signed burial-transit **BUETO** CORONARY HEART DISEASE been geve rise to immediate cause DUE TO (a), stoting the underlying has certificate ha PART II, OTHER SIGNIF, CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 20a, ACCIDENT WAS UNDERLYING] 20b. DESCRIBE HOW INVERY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 2Dd. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work Ď, 21. I certify that (I) (this hospital) attended the deceased from AUCUS? O 19 and that death occured at 1.50 from the causes and on the date stated above. saw the deceased alive on..... may DIRI 22e S-GNATURE ATTENDING STAFF PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 6607 Riverdale Road, Riverdale, Md. Clarence J. Duke ector, death. O FUNI 23d. LOCATION (City, town or county) 235. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) D. F & Runnial oudon Park Cemetery Raltimore. Mirvland

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

e. IS RESIDENCE

YES NO

19 61

Yes

Washington

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO ·

(Stata)

22b. DATE

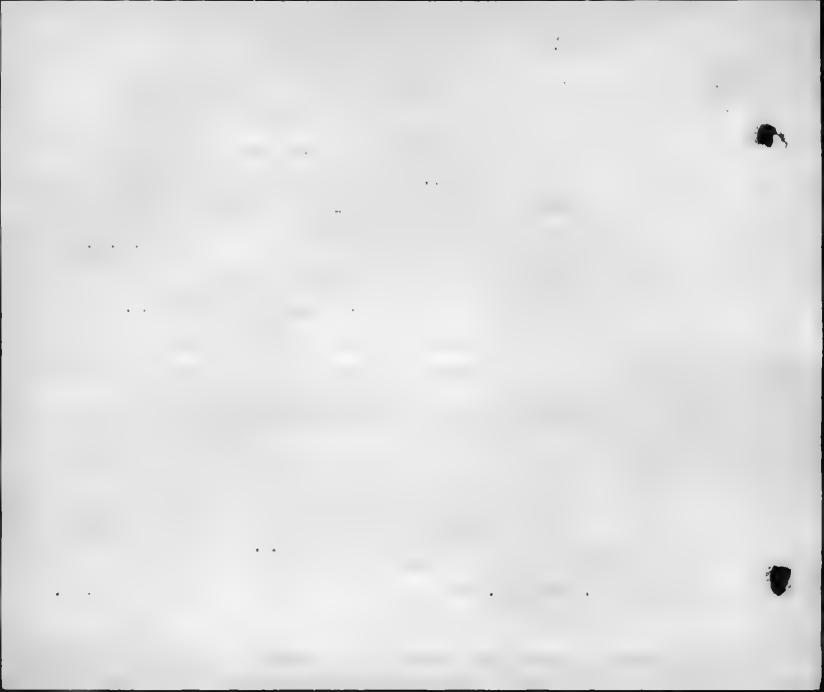
(State)

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

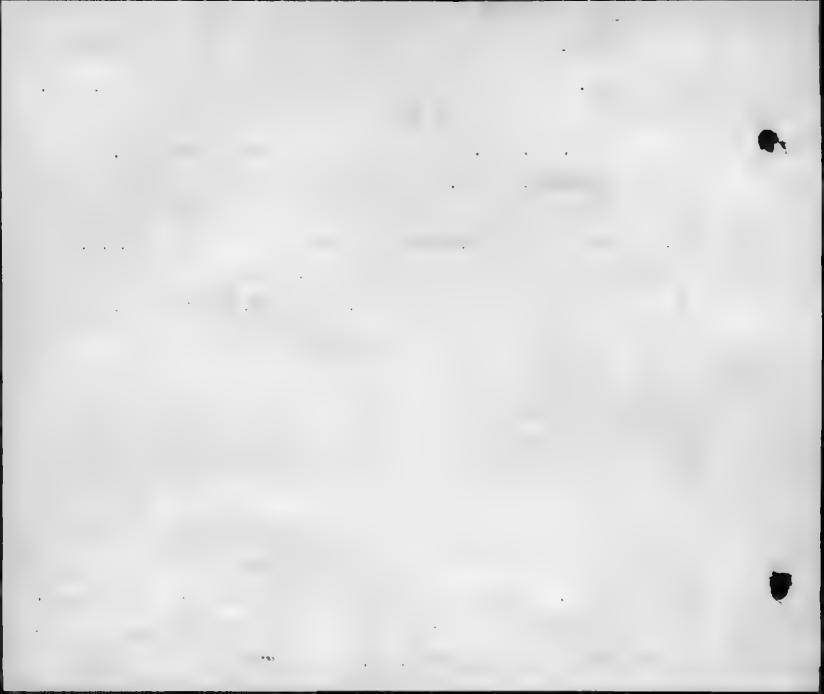
Corner S. Times

SIGNED

ON A FARM?



AARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Geo. MERYLEND Maryland Prince Geo. b. CITY OR TOWN [if outside corporate I m is, c CITY OR TOWN (If outside corporete | mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 3**3** davs Cheverly Lanham d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Geo. Gen. Hosp. YES NO X Princess Gardens 3. NAME OF DECEASED OP GLENN (Type or print) DEATH ELMORE STANCLIFF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED DE NEVER MARRIED lest birthdey) Months Male White WIDOWED DIVORCED 1Da. USJAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Ret. Botonist Goverment Maryland 1 U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Windfield Stancliff Flora Crandell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyes give were rdetes of service) Mrs. Gertrude B. Stancliff Same as #2 (Wife) 18. CAUSE OF DEATH (Enter only one cause per-line for (e) (b), and (c).) INTERVAL SETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) geva risa to immediate cause DUE TO (e), stating the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED tenter nature of insury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. tNJURY OCCURRED 2De, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While el work 21. I certify that (I) (this hospital) attended the deceased from ... 11-29-61. .. 19 ... to ...12-31-61..., 19...., that (I) (we) last saw the deceased alive on. ... 22b. DATE SIGNED D RECTOR PHYS. PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 4314 Gallatin St., Hyatts ville Aaron Deitz 23d. LOCATION [City, fown or county] 23a, BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Ft. Lincoln 173762 Colmar Manor, OH Md.25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Francis Gasch's Sons Hyattsville, Md. DATE JAN 5 Cather & Kenne



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE I MARYLAND Division of STATISTICAL RESEARCH AND FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY Prince George's Page Maryland **b.** COUNTY Prince George Health MERVLEND b. CITY OR TOWN (if outside corporete lim ts, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate him ts, write RURAL and give neerest fown) director. CHEVERIT (Ve nearest town) D. O. A. Palmer Park d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince George's General Hospital 8035 Barlow Road YES NO 1 3. NAME OF Middle 4. DATE death. If any nd 3 to the DECEASED the Terry Steinst Lee December [Type or print] DEATH 2 with 5. 5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 28, 1961 Pue Male Sept. WIDOWED [DIVORCED وتوس 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? "in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 an noval, and in any event within 72 done during most of working life, even if ret red) Maryland .S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin George Steinat Margaret Ann Libby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (If yas give wer or detes of service) Franklin George None Steinat. same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bilateral lobular pneumonia MMEDIATE CAUSE (0) DUE TO removal, Conditions, if any, which d "pending" Examiner's (e used as a b gava rise to immediate ceuse DUE TO (a), stating the underlying cremation, o PART II, OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(81: 19, WAS AUTOPSY CERTIFICATION certificate, writing the word rded to the Chief Medical E should 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief forwarded to the Chief AL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED : 20e, PLACE OF INJURY [Home, form, 1 20f. [City or town] factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry A and in my opinion Natural causes death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER the should be forwa FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE December 13, 1961 EXAMINER'S. James I. Bovd NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or country) REMOVAL (Specify) 40 6 VS. A15ME

ON A FARM?

61

as

PERFORMED?

(State)

30 NO

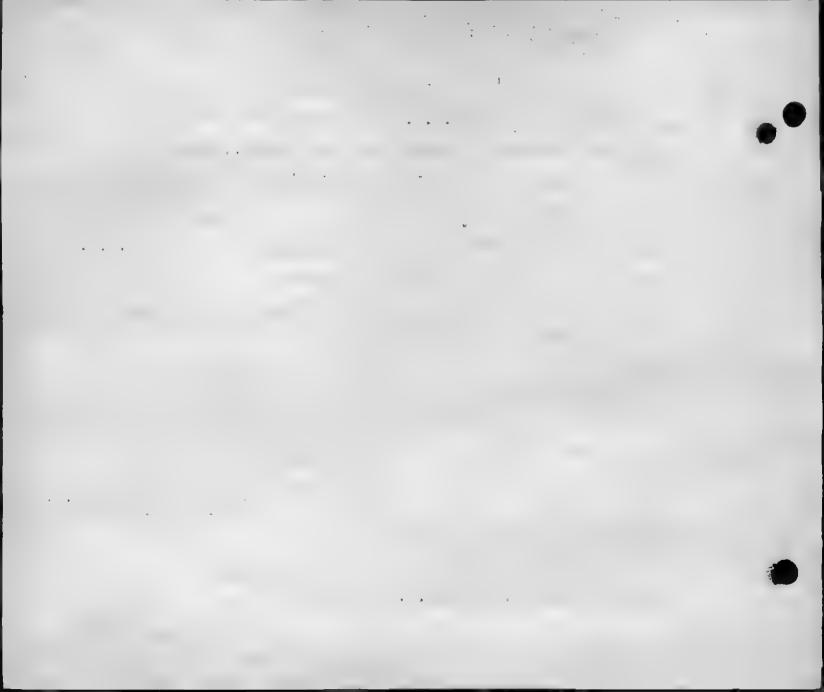
5M 9 60



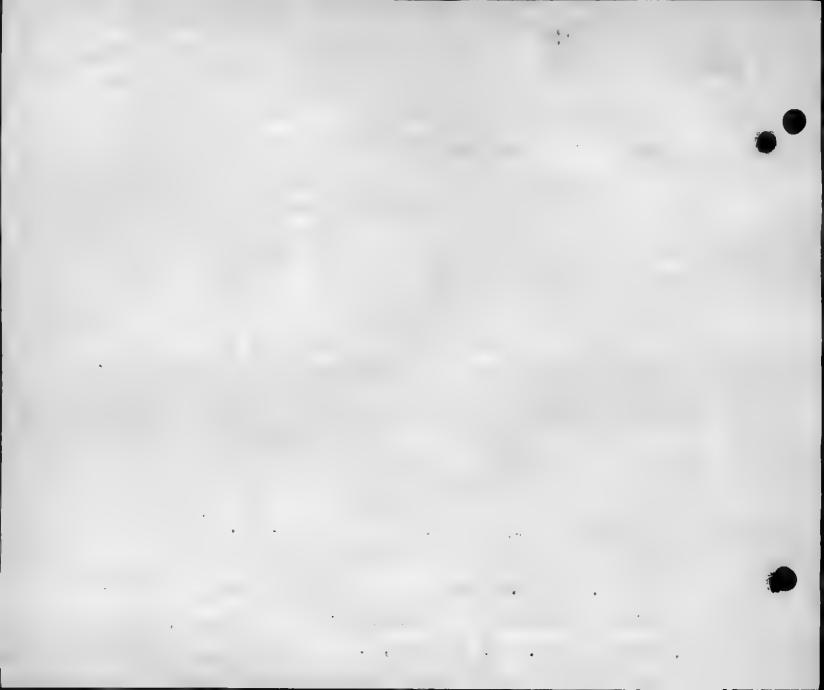
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince George s rector. Page your files. d of Health, cessary, or, Page a. STATE b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland E. LENGTH OF STAY IN 16 c City OR TOWN (If outs'de corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Fairmont Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? refained he State E death. YES NO George s 59th., 1010 - Prince General Hospital venue DATE Month DECEASED OF 2 with the Squrs after de (Type or print) DEATH Louis

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1961 Stewart December AGE (In years , IF UNDER 1 YEAR! IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED 1 DIVORCED Male Colored ge 5 and 72 hg 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 10a USUA, OCCUPATION (G ve kind of work done during most of working life, even if retired) Laborer Retired U.S.A. PM3. Pa pages 1 within Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Item 18, Give I with form PN permit. File permit any event w Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Carol Stewart None None same as "in pencil in Iter
Office along w
a burial-transit p 18. CAUSE OF DEATH (Enter only one cause per tipe for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Exposure to cold IMMEDIATE CAUSE (0) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO Examiner's (e), steting the underlying used should be used rial, cremation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? Word Medical NO I 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert i or Part II of item 18.) iting the village Medial Shoul burial of in an unheated house CAUSE OF DEATH. 20d. INJURY OCCURRED & 20e. PLACE OF INJURY [Home, ferm, ' 20f. (City or town] (Slete) i.e the certificate, writiforwarded to the Chita DIRECTOR: Page nated agent, prior to be factory, street, office bldg., etc.)
Hone Not While /61 Work Fairmont Heights P.G. Md 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 30 Inquiry | and in my opinion Accident X death resulted from: Undetermined manner Natural causes Su+cide Hom.cide CHIEF MEDICAL EXAMINER lease execute the should be forwed by FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/25/61 DEPUT NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 220. WRIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 940 p 240. REC'D BY REGISTRAR I 24b REGISTRAR'S SIGNATURE VS. A15ME DATE JAN 2

MARYLAND STATE DEPARTMENT OF HEALTH



. 1	l	MARYLAND STATE DEPARTMENT OF HEALTH
2	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
011		CERTIFICATE OF DEATH
funera should	M	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed like W.K. Institution, Residence before admission)
		Prince Georges MARYLAND *. STATE Maryland b. COUNTY Prince Georges
t hour	~	b City OR TOWN (if outs de corporete limits c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporete limits, write KUKAL end give nearest town)
r de		Write RJRAL and give rearest town) Cheverly 118 days Upper Marlboro
d ir	171	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress, d. STREET ADDRESS , e. IS RES DENCE
with		Prince Georges General Hospital Elm Street
ed tel	,	3. NAME OF First Middle Lost 4 DATE Month Day Year
Table out		(Type or print) Willie Stewart Dec 28 19 61
\$ 5 X = -		5. SEX . 6. COLOR OR RACE 7 MADDIES NEVER MADDIES B. DATE OF BIRTH 9. AGE III yeers IF UNDER 1 YEAR F UNDER 24 HRS.
and and		Male Black W DOWED X DIVORCED 10/15/1893 lest b'ritdey) Months Deys Hours Min.
ate an a c c c c		1Da. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Sate or forc to Fry 12. CITIZEN OF WHAT COUNTRY)
tific sicia mov		done during most of working life, even if retired) None Maryland U.S.A.
cer phy anj		INONE Maryland U.S.A 13. FATHER'S NAME 14. MOTHER S MA EN NAME
ath ing ease		John Stevenson Mary Gross
endi n pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ath The val,		[Yes, no, or unkown] [Ifyesgivewerordetesofservice]
that		18. CAUSE OF DEATH (Enter only one cause per line for ,e) (b) and (c).
by by erm		PART I. DEATH WAS CAUSED BY.
shys ned ned sil p		DUE TO
w re rang properties		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Glomound or y heating Remail Failure ONSE! AND DEATH ONSE! AND DEATH Conditions, If eny, which geve rise to immediate ceuse (b) Hyperilensing arterioscleration Conditions. Des 10500.
a la ndin ndin ndin ial-t		
The after as the pur pur lair, and as the lair.		(e), stating the underlying course lest.
N. or he	3	PART LOTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
CITA ontal Fical as to	0	PERFORMED? YES NO I
SI(SI)		S 2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I. of item 18.)
He he he for tor		2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor
eart the		
A Affe Part		Hour e.m. While Not While factory, street, office bldg., etc.)
R: de cot. o		21. I certify that (I) (this hospital) attended the deceased from 9/7, 1961, to 12/28, 19 61, that (I) (we) last
De De		70/09 . 47
CEC oulcoulc		saw the deceased alive on
O Share		ATTENDING MED STOFF
4 8 4 4 8 4		22c PHYSICIAN S 22d ADDRESS
Pas		NAME TYP Dr. Gordon W. Keller 6124 41st Avenue, Hyattsville, Maryland
HOSE Bith. F FUNN ector, filed		236. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
76 . b. m		REM Burie 1/4/1962 Arlington National Arlington, Virginia
HH		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR S SIGNATURE
VR A15 (4) 15M 9[60		W. Ernest Jarvis Co. 1432 You Street, N.W. DATE JAN 4 62 Cuitar & thous
		Tour 1



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEA 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a ROUNTY MARYLAND 5. CITY OR TOWN (if outside corporate traffit write RURAL and give pearast town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporete limits, write RURAL and give neerest tower NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Year DECEASED (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months WIDOWED TOO. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY THER'S NAME ARMED FORCES 16. SOCIAL SECURITY NO. (Ifyes give wer or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (e). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, I bey, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION PERFORMED? NO [20e. ACCIDENT WAS UNDERLYING [7] 1 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Pert I or Pert il of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) Month, Day, Year 20f. (City or town) (Stete) factory, street, office bldg., etc.) Not White While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Jan. 19.6.1, to Dec. 12. 196.1, that (I) (we) last 22b. DATE 22e S GNATURE SIGNEDI **ATTENDING** STAFF 4 DIRECTOR PHYS. M.D. 22c, PHYS, CIAN'S 22d. ADDRESS NAME (Type) 23d, LOCATION (City, lown or county 23e. SURIAL CREMATION REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH 1120m

14004	CERTIFICA	IE OI DEATH	14357
1. PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)
Prince George	MARYLAND	Maryland t	Frince George
b City OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate lin	nits, write RURAL and give nearest town)
Cheverly	40 Days	Brentwood	
d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	address)	d. STREET ADDRESS	o IS RESIDENCE ON A FARM?
Prince George's General	Hospital	3715 Shepherd St.	YES NO L
3 NAME OF DECEASED (Type or print) HAROLD ED W	YARD Middle S	UPPLEE JR OF DEATH	Dec. 11 19 6
5. SEX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HR: birthday) Manths Days Hours Min.
Malo White WIDOWE	ED DIVORCED		29 yrs Manths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, eyen if retired) Clerk Washington	Sanitary Com		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	~~	14. MOTHER'S MAIDEN NAME	
ilarold E Supp	lee	Frances Bra	gg
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	IFORMANT	Address
(Yes, no, or unknown) Yes (the yes, given wor or dates of service) Navy	Ha	rold E Supplee Col	mar Manor, Md.
1B. CAUSE OF DEATH [Enter only one cause par lin	ne far (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	till Villmon	any hisuffectioned	1 How
162 X DUE TO 0			1
Canditians, if any, which	Munone	- of dung	1 mont
gave rise to immediate DUE TO	1 1 1 1 PO 1.	Cara	1 34 001
lying cause last. (c)		c careenous.	1 2000
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(d) 19 WAS AUTOPS' PERFORMED? YES \(\backsize{1}\) NO \(\backsize{2}\)
	CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Part I or Part II of i	tem 18)
= 1		ACE OF INJURY (Home, farm, 20f. (City or tow	rn) (Caunty) (Stat
Haur o. m. p. m. 19 While at worl	k of while	tary, street, affice bldg., etc.)	
21 I certify that (I) (this hospital) attend	led the deceased from	OCT 1961 to X	. 196 1, that (1) (me) la
	11_1961, and that a	270	causes and an the date stated above
22a. SIGNATURE	^		22b DATE
Derisomen A. Mill	Ler_	M.D PHYS. MED STA	(F) /¬ /+- /? :
22c PHYSICIÁN'S NAME (Type)		22d ADDRESS	.= 0
Dr. Benjamin Mi	ller, M.D.	12874-27 XX VC	1. Januar mil
23d BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O		City, tawn, or county) (State)
Burial Dec 15, 1961	Ft Lincoln	Cemetery Colmar	Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR DEC 1 8 '61	256 REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyatts	ville Marylan	d. DATEDEC 1 8 '61	

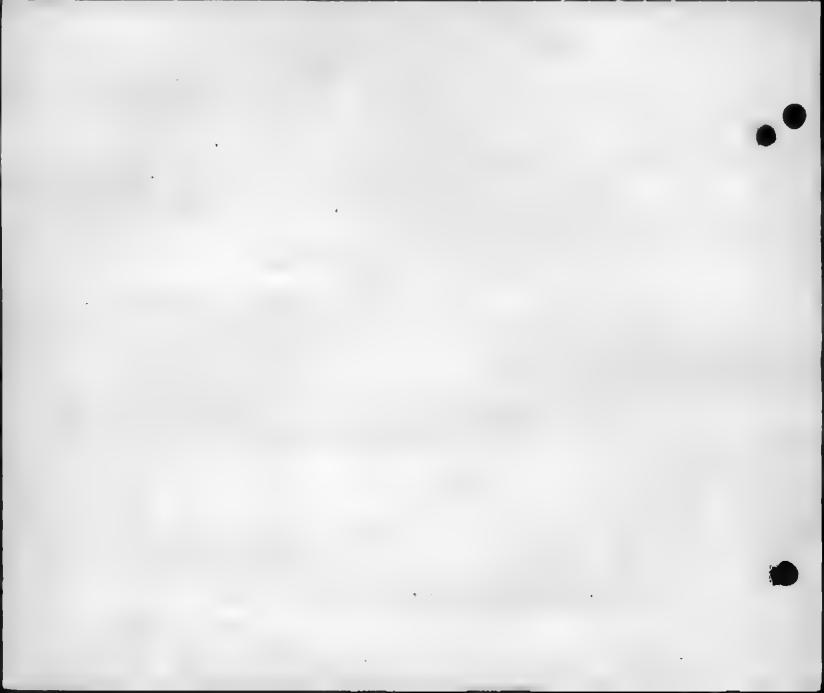
D HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be rest.

by the hospital or ottending physician.

D FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in broage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL moy be rep TO FUNERAL

e funeral director, auld be filed with

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11,200 4 4000

	I. PLACE OF DEATH S. COUNTY S.
	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) LENGTH OF STAY IN 16 C CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town)
	Cheverly, Md. 2 days d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Prince Geo. Gen. Hosp. 3. Name of Deceased (Type or print) 5. SEX P.O. Box And Box A Date Month Dey Year OF DEATH OF DEATH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.) If JNDER 24 HRS. If JNDER 24 HRS. Hours Min.
	Female col. W POWED DIVORCED 6-18-61 - 26-16-6 100. USUAL OCCUPATION (Give Aind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR NDUSTRY II BIATHPLATE (County & Sier or foreign country) 11c. CITIZEN OF WHAT COUNTRY? 11c. CITIZEN OF WHAT COUNTRY?
	Cfild Pri. Geo. Gen. Hosp. USA 13. FATHER'S NAME 14. POTHER'S MADE NAME
	Janes Swann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? '16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) [(flyesgivewerardstexafservice)] Address
	Father Upper warlboro, Md. 18. CAUSE OF DEATH [Enter on y one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [e) Conditions, if any, which 2 (b)
	geve rise to Immediate cause {e], stating the underlying cause lest. (c)
,	YES NO
	200. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor P
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Hom., ferm, P.m. 19 2Dd. INJURY OCCURRED fectory, street, office bldg., etc.) fectory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from
	22e SIGNATURE 22e SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d ADDRESS NAME (Type) Dr. Gordon W. Kelley ATTENDING PHYS. 22d ADDRESS 612lt List Avenue, Hyattsville, Md.
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown of County) (Stete) ADDRESS 25a. SECT AY JEGISTRAR'S SIGNATURE 25a. SECT AY JEGISTRAR'S SIGNATURE
	Mysty R. Salling 4339 Hunt Pl. N.E. DATE



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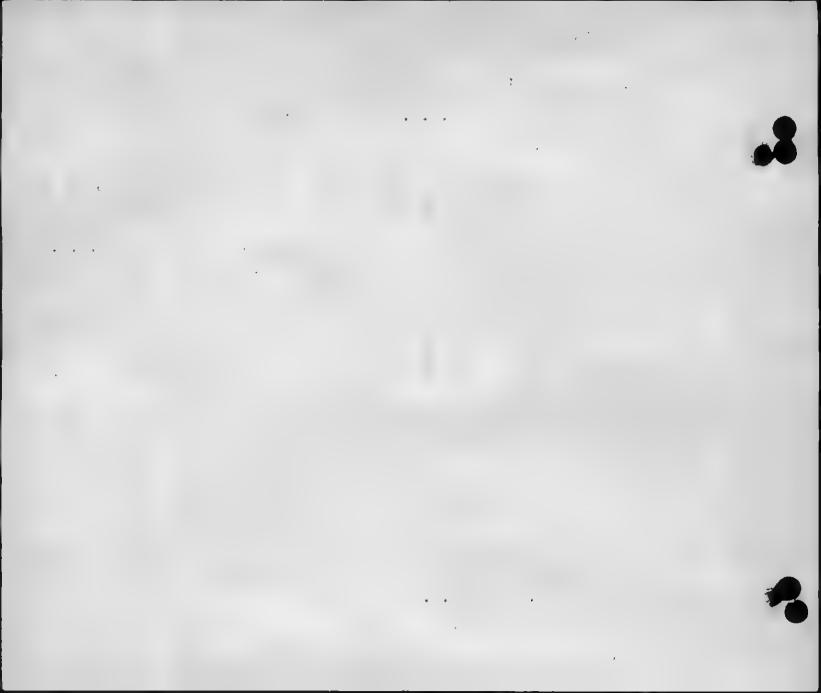
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14399 director Filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY g. STATE **B COUNTY** MARYLAND ero CITY OR TOWN (If outside corporate limits, write) c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 Pe RURAL and give nearest town) D AND d. NAME OF HOSPITAL (If not in hospital, give atreet address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NO .= NAME OF Middle 4. DATE OF Last Year Day filled DECEASED DEATH Poges (Type or print) death 19 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years completely MARRIED | NEVER MARRIED | last birthday) Months WIDOWED T papers. 10a USUAL OCCUPATION (Give kind of work done done doring most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? NOUSEW pup DomesTi carbon 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO 50.0 Conditions if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS) PERFORMED? YES NO Z Trout a 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) AEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, | 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work at work ATTENDING P
by the haspital
KECTOR: After th 21. I certify that (I) (this hospital) attended the deceased from Dec 2 196/ to Dec 28, 196/, that (1) (we) last and that death accurred at saw the deceased alive an & M, from the causes and an the date stated above. 22a SIGNATURE 22b. DATE M.D. PHYS 22c PHYSICIAN'S FUNERAL age 3 shou BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR S SIGNATURE PEGISTRAR VR A15 (4) mankade 1227 to 1SM 9/59

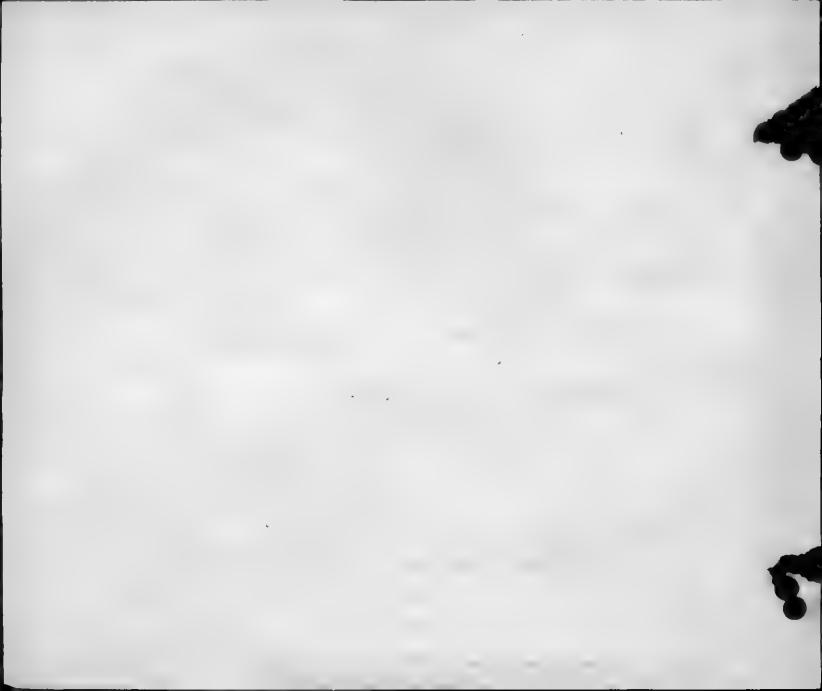


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmiss on) HEALTH DEPT 1. PLACE OF DEATH e. COUNTY b. COUNTY Anne Arunde a. STATE b. CITY OR TOWN (f outside corporate limits, MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town? D. O. A. Laurel Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route #1 Warren Clinic YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Anita Thomas Brenda 19 61 December 23, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Months Doys June 12, 1961 WIDOWED T DIVORCED T Female Colored 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pages 1 U.S.A. 13. FATHER'S NAME None Maryland 14. MOTHER'S MAIDEN NAME Steven Thomas Don 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Doris Flbra West Address (Yes, no, or unkown) | (If yes give wer or detectof service) Doris Flora West none Same as 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) media - Di Office r's Office s a burial-removal, **DUE TO** Conditions, if any, which geve rise to Immediate cause DUE TO Examiner's (e), stating the underlying ò cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO shoutd list, crem 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 1 age 3 s o buri 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f., (City or lown) (County) (51ete) fectory, street, office bldg., etc.) While ___Not While Hour a.m. CTOR: P. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 71. Inspection 72. Inquiry 72. and in my opinion forwarded i Natural causes 7, Accident . Suicide . death resulted from: Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 12/23/61 AMES I. BOYD, M.D. Address (Street, City, Town, or Country)
22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, Town, or Country) 226. BURIAL, CREMATION, 225. DATE THEREOF (State) RURIAL (Specify) 408 MT. ZION METH. CH. LAUREL, MARYLAND 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR VS. A15ME GUIRE 1800 9TH ST., 1.1. 5M 9/60 DATE DEG 2 7 '61 1111 X. 7



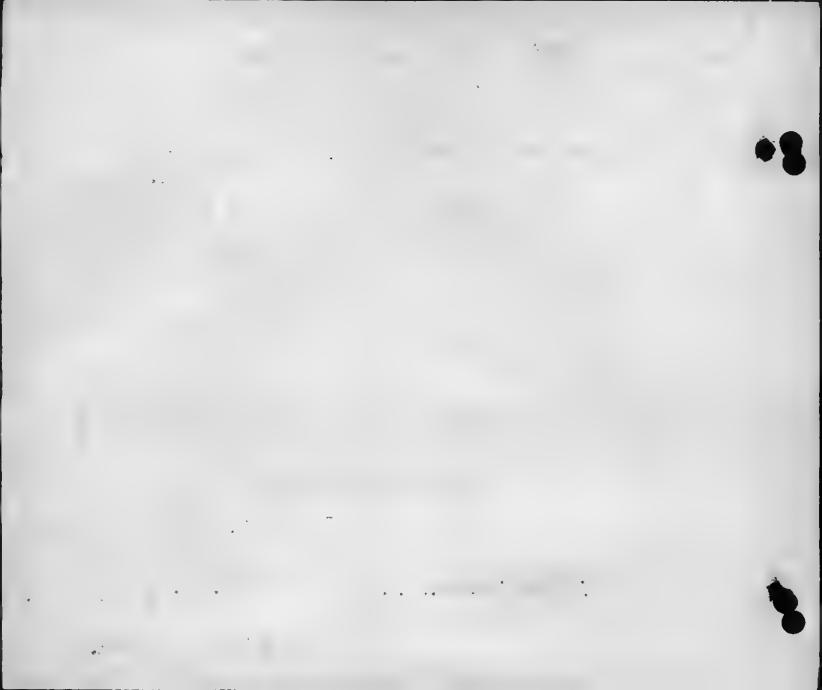
E 15			MARYLAND STATE DE	EPARTMENT OF HEALTH	
7			DIVISION OF STATISTICAL RESEARCH AND RECORDS	6, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
जुल द	1	1	14392 CERTIFICAT	E OF DEATH	_14362
s after funeral shoul	(IVI		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if ins	
باد 1. الم			Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b	e. STATE b, COUNTY Maryland c. C TY OR TOWN (If outside corporate limits, write R	Prince Georges
24 he by fill and r deat	7]		write RURAL and give nearest lown)		OKAL BIO GIVE HOUSE TOWN
a fee		>	Cheverly 2 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Fai rmont Heights	e. IS RESIDENCE
s. F. Shours			Prince Georges General Hospital	7 6104 Jay Street	YES NO
npletely papers.		3,	NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
			(Type or print) Joseph	Thomas Dec.	
		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BRTH 9. AGE (In years If lest birthdey)	UNDER 1 YEAR IF JNDER 24 HRS.
n and carb		10-	Male Black WIDOWED DIVORCED	3-18-11 50 yrs.	12. CITIZEN OF WHAT COUNTRY?
iffica sicial nove		do	. USLAL OCCUPATION (Give kind of work 10b KiND OF BUSINESS OR INDUSTRIBLE OF INDU	RY 11, BIRTHPLACE (County & State, or foreign country)	12. CHIZEN OF WHAT COUNTRY
Cerr phy:		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U, 2. VT.
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rend ten pen pen pen pen pen pen pen pen pen p		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. s, no, or unkown) (Ifyes give war or detes of service)	INFORMANT	-
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quire			IMMEDIATE CAUSE (e)	The wholenen	Chang
A resign			740 X DUE TO / DUE TO	s. Candallase	d
e lav ndin seen sal-tr			Conditions, if eny, which geve rise to immediate cause	20 Wr Talace M	
The atternas base bur bur ial,			(e), stating the underlying course lest.	ď	
AN: al or ale h		Z O	PART B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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HYS he ho is cer for us h prid	. 64	CERTIFICATION	20¢. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of Item 18.)	
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Aff etac of b		MEDICAL	Hour e.m. While Not While fac	tory, street, office bldg., etc.)	
etair OR: De d			21. I certify that (I) (this hospital) attended the deceased from.	12/8 19 61 to 12/10	, 19.61, that (I) (we) last
AT be relied to De person	,		saw the deceased alive on $12/10$ 19.61, and that	t death occured at 12.05 this the causes as	
OR may			220. SIGNATURE	ATTENDING MED. STAFF	226. DATE SIGNED
1 0 t			220 PHYSICIAN'S	A D PHYS. DIRECTOR PHYS. 22d, ADDRESS	
Error With			NAME (Type) Dr. Gordon W. Kelley	6124 Alst Avenue, Hyatt	sville, Md.
FUN.		238	EURIAD CREMATION, 236. DATE THEREOF 235 NAME OF CEMETERY	OR CREMATORY 234 LOCATION (Cyy, lown	or county) (State)
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VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURES COLOR 4925	250. REC'D BY REGISTRAR 25b. REGIS	STRAR'S MGNATURE
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100	4		MARYLAND STATE DEPARTMENT OF HEALTH
H	١ _		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1 = 1	(N)		14394 CERTIFICATE OF DEATH 14665
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hod 1	deat		b. CITY OR TOWN (if outs de corporete limits, write RURAL and give nearest town) write RURAL and give nearest town)
in b	fler	<u> _</u>	Cheverly 14 days 7/4 College Park
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	hou	7 3	Prince Georges General Hospital 5008 Pierce Street YES NO Dev Year
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ysici emo	×	GIO	Retired Oakcrest, Maryland U.S.A.
h ce	E	13.	FATHER'S NAME
death ding please	g I		Federick Robinson Elizabeth Hebron
he c	in a		WAS DECEASED EVER IN U.S. ARMED FORC 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no, or unkown] [[fryesgivewerordetesoiservice]]
hat t	À E	_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),
cian Cian by 1	5		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART f. DEATH WAS CAUSED BY:
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W reg	atio		1 de O () soit o P
ndir	Cr On		gave risa to îmmadieta cause
The atternate lass to bur	<u></u>		(e), stating the underlying cause last.
A state	pur pur	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Spita Fiffice	5	CATI	YES NO
cer us	Prio	CERTIFI	206. ACC DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
the the	년		(IIF EITHER, NOTIFY MEDICAL EXAMINER)
d by	Ť	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. [City or town) (County) (State) Hour a.m. While Not While fectory, street, office bldg., etc.]
R. / det	0	MED	p.m. 19 at work at work
F C S	O O		21. 1 certify that (I) (this hospital) attended the deceased from 12-1, 1961, to 12/18, 19.61 that (I) (we) last saw the deceased alive on 12/18 19.61 and that death occurred a 2.20Al from the causes and on the date stated above.
y be	fate		22b. DATE
O E I	<u>و</u>		ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
AT AT A	是 1		22c. PHYSICIAN'S Dr. Gordon W. Kelley
JNE P	3		NAME (Type) DECORPORED CONTROL NO. Hyattsville Id.
E 12 0	=	23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
နှင့်ခဲ့	٥		Burial 112-21-61 Saint many cent, Laurel MA
VR A15		24	IN 9 162 arthur & Roses
15M 9/4	00		Varing W. Jarjans Washington D. C. DATE DATE

in 24 hours after-



CERTIFICATE OF DEATH 14395 Reg. Dist. No. 1, PLACE OF DEATH b. COUNTY [2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission MARYLAND **b.** COUNTY b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN Ut outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? O OxonHillRd Hi YES NO D NAME OF 4. DATE Day Yeor DECEASED (Type or print) DEATH 030M 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country), 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 61 5 13. FATHER'S NAME DaRah 15. WAS DECEASED EVER IN U.S. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not white at work of work . 19 6/, that I last saw the deceased 21. I certify that I attended the deceased from at 2:500M, from the causes and on the date stated above. and that death accurred ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S na NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEP PERIODICAL EXAMINER: This certificate should be executed within 24 hours after death. If an explain is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the call director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medialth, or its designated agent, page 10 burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/20 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

,		
•	1. PLACE OF DEATH a. COUNTY Daving County	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
\	*. COUNTY Prince George's MARYLAND	*. STATE Maryland b. COUNTY Prince George
	b. CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR YOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	C. UTT OR TOWN (If outside corporate limits, write RUKAL and give peerest lown)
"/	2 223 2	Forestville
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	1 5303 Forestville Road . Is RESIDENCE ON A FARMY
/	Prince George's General Hospital	YES NO T
	3. NAME OF DECEASED Rudo Th	Last 4. DATE Month Day Yeer OF
	(1ype of pinn) LIMER TO:	rguson December 1, 19 61
/	5. SEX Male 6. COLOR OR RACE 7. MARRIED 7. MARRIED 8.	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR F UNDER 24 HRS. Sentember 27 Gat bythday') Months Days Hours Min.
	WIDOWED DIVORCED	Continue State At S
	10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY SIGN painting	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	area berriotis	Minnesota U.S.A.
	Gustave C. Torguson	14. MOTHER'S MAIDEN NAME
		Thalia B. Thorsen
	I Validae as unkappa I (Inches introduction all provided as a second	710000
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	Ida Sylvia Torguson, same as # 2
		eatic necrosis
	IMMEDIATE CAUSE (a)	saute necrosts
	Conditions, if any, which \ (b) Trauma	
	geve rise to immediate cause	The second secon
	(a), steting the underlying DUE TO	
2]	(c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a): 19, WAS AUTOPSY
\mathbb{I}	OLIVE	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY OCCURED. (En. PRIMARY I) or CONTRIBUTING Driver of an any	ter nature of Injury in Pert I or Pert II of Stem 18.) COllision
	B CAUSE OF DEATH. Driver of an au	tomobile that was in an head on
	B Q : X 5 (A X)	ry, street, office bldg., atc.)
/	21. I certify that I took charge of the remains described above, held	170
5	death resulted from: Natural causes Accident X. Suicid	
		CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE DONAL DE DONAL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
1	EXAMINER'S	DEPUTY MEDICAL EXAMINER \$\overline{12} 12/2/61
1,000	NAME (Type) James I. Boyd	Address (Street, city, town, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Bariel 12-5-61 Cerlington	nall leglington Va
	23 TONERAL DIRECTOR ADDRESS Hope	PEC 4 161 Corthury & Krasas
	Oxnumous Bro WASh 20 E	DATE DEC 4 01 Contag 2, 70 cms



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
			CERTIFICATE OF DEATH Reg. Dist	. No. 4436
Page 4	N	1.	PLACE OF DEATH O. COUNTY O STATE D. COUNTY D.	
5 7 E/ v		\vdash	b. CITY OR TOWN (If outside corporate limits, write / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	V V
death			RURAL and give nearest lown)	re negresi lown)
D D D	1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS	IS RESIDENCE ON A FARM?
			BRANDAMINA - WALDER CLINIC	YES NO S
i o c		3.	NAME OF First Middle Lost 4. DATE Month	Day Year
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mple pers.		100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)	ZEN OF WHAT COUNTR
rd ca			during most of working life, even if retired) — (Washington D) C	1 3. A.
be o		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	/ /
sicio		L	Desales B. Toye Eva. 1 Mitche	16
phy emo		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT In no. of unknown) 1 11 yes, give wor or dotes of service)	11.
ding ose ru in 72		H	No - Desales Bloge Huis	16 3. (134)
death attendi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
t the the c Then			IMMEDIATE CAUSE (c) Courselling Segue	2 Dug
es tha ed by rmit. any e			Conditions, if any, which) (b) R 0. + 8 D. T. A.T.	307
uires gned perm in a			gove rise to immediate DUE TO	
red ion. nsit and	-	,	lying couse lost. (c)	
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ortal r this for a		×	p. m. 19 at work at work	
Afte hed rial,			21. I certify that I attended the deceased from Sec. 10 1961, to Sec. 14 1966, that I la	ist saw the decease
the OR:			alive an 12.36 A. M. from the causes and an the ADDRESS (Street, city or town, stote)	date stated above DATE SIGNE
A by A by ECT			SIGNATURE STORE & Second M.D. Branky wine had	
o Series	1		PHYSICIAN'S	
e 3 shav	- 4		NAME (Type) VT. elue h) ale m	
T G G G	,	226	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22b. COCATION (City, town, or county)	(State)
5 5 g =	X	23,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 11-21 (24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
VS A35 (4) 15M 9/55	Y	1	funtt funeral Home. Walds fi DATE DEC 18'61 Cuin 1	
		9		



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If anstitution, Residence before ed.mission) . COUNTY b. COUNTY e. CITY OR TOWN (if outside corporate limits, write Kukal and give nearest lowing b. CITY OR TOWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Riverdale Riverdale d. NAME OF HOSP TAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE ON A FARM? YES NO Leland Memorial Hospital DECEASED (Type or print) DEATH Volentine F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR last birthday) DIVORCED Male WIDOWED March 2 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Economist Arkansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Opie Kenneth Volentine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes, no, or unkown) (If yes give werer detects service) 578-34-0185 Mildred Lucille Volentine. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ONSET AND DEATH CARDIAC FAILURE IMMEDIATE CAUSE (6) HCU FC MHEMORRHAGE, ATHEROMATUUS PLAQUE CORENARY ARTER (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Perl I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY 20d, INJURY OCCURRED | 20e PLACE OF NJJRY (Home, ferm, 20f. (City or lown) (Steta) fectory, street, office bldg., etc.) While _Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣. Inspection 🙀 Inquiry | and in my opinion Natural causes XI. Undetermined manner [death resulted from: Accident Su'cide Homicide | ACTUAL DATE SIGNED SIGNATURE 12/25/61 NAME (Type) Address (Street, city, lown, or county) 240 g VS. AISME

AND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Ras dence before admission) I. PLACE OF DEATH director. Pervour files. . COUNTY e, STATE b. COUNTY Prince Georges Prince Georges County
b. CITY OR TOWN (1 outside corporate limits, Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Cheverly Upper Marlboro Dava d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? George County Jail Forest YES NO TO 3. NAME OF First DATE Month DECEASED OF (Type or print) DEATH December 10 19 67
AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. ${\tt HAROLD}$ S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday) Months DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foraign country) 1 12. CITIZEN OF WHAT COUNTRY? ecuted within 24 hours at in Irem 18. Give Pages 1, 2 ng with form PM3_Page done during most of working life, even if relicad) Proof Reader Ret. Washington, 13. FATHER'S NAME Corrine Martin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Addra 6107 Forest Rd (Yas, no, or unkown) (Ifyasg va warordatas of servica) Grace Caroline Patrie Walker, Cheverly, Mc Unknown 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY Strangulation by Hanging IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a): 19. WAS AUTOPSY PERFORMED? NO 3 Chirrodan Tiver PRIMARY OF ON CONTRIBUTING writing the Chief Me Page 3 short 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, IC by or town) (County) (Stata) factory, street, office bldg., atc.] Whila Not While at work at work & County Upper-21. I certify that I took charge of the remains described above, held an Autopsy Inspection | The Inquiry 37 and in my opinion death resulted from: Natural causes Accident Suicide x Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I DEPUTY MEDICAL EXAMINER Parkland, NAME (Typet) Moderass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (SpacJy) 40 24a. REC'D BY REG STRARY 24b. REGISTRAR'S SIGN 23. FUNERAL DIRECTOR VS. AISME



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14400 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY Prince Georges a. COUNTY Prince Georges MARYLAND Maryl and c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, write RURAL and give gearest town) 58 days College Cheverlv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) e. IS RESIDENCE ON A FARM? YES NO Prince Georges General Hospital 3. NAME OF Year DECEASED OF 1961 ฟิลlls (Type or print) Richard DEATH Dec 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. day birthday Months Hours 1898 Black Male WIDOWED IC 10e. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 11. BRIMPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if relired) Vone nding phys please ren 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . = pue aftend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) / lifvese ive wer or detectol service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (a) DUE TO Carcinoma of the Prostate Gland (b) geva rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 4 20s. ACCIDENT WAS UNDERLYING [] , 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (County) (State) 2Dc. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour A.m. al work el work 12/30 1901., that (I) (we) last 19 61 to ... 21. | certify that (I) (this hospital) attended the deceased from...... 12/30 19 61, and that death occurred at 12 3/25 from the causes and on the date stated above. saw the deceased alive on. 226. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 612h List Avenue, Hyattsville, Md. Dr. Gordon W. Kellev 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. (BURIAL, CREMATION, | 23b. REMOVAL (Specify) 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) AUE DATE JAN 11 '62

MARYLAND STATE DEPARTMENT OF HEALTH



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TO STITENDING PHYSICIAN: The law requires that the death certificate be executed by the death certificate be executed by the state of t

M.	ARYLAND STATE DEPARTMENT OF HEAL	TH
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
14401	CERTIFICATE OF DEATH	14369
ACT OF PERSON) a white was a second track	

1	1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased livad, if institution: Residence before edm.ssion)
ł	Prince George's MARYLAND	e. STATE b. COUNTY
ı	b. CITY OR TOWN (if outside corporate I mits, c, LENGTH OF STAY IN Ib write RURAL and give nearest fown)	Maryland Prince George's c. CITY OR TOWN (if outside corporate limits, write RURAL and give necessit town)
1	Cheverly 2 days	Forrestville ? /
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
١	Prince George's General Hospital	8334 Leona Street
ł	3. NAME OF Frst Middle DECEASED	Lest 4 DATE Month Day Year OF
ı	(Type or print) Linwood I.	Ward December 4 19 61
ł	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
١	Male White WIDOWED DIVORCED	4-7-11 SO yrs. Months Deys Hours Min.
ı	100. USUAL OCCUPATION (G ve kind of work 105. KND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
1	Driver Cab Company	Va. USA
ı	13 FATHER'S NAME	14 MOTHER S MAIDEN NAME
ı	Lindsey Ward	Unknown
l	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
ı	(Yes, no, or unkown) ((Ifyesgivewerordatesofservice)	ris E. Ward Same 2
1	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]	A INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IA]	thrombosh left. ONSET AND DEATH
	(1.01)	, 6
Ì	Conditions, if any, which) (b) At Terro 10	cluste the des.
l	geva risa to immediate causa	
ı	(a), stating the underlying Cousa last,	
1	161	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED
		YES W NO
l	206. ACCIDENT WAS UNDERLYING	. (Enter neture of injury in Pert I or Part II of item 18.)
Į	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) (Stele)
Ī	at work at work	ory, street, office bldg , etc.)
ı		12-2
١		death occured at 2.2.50h, from the causes and on the date stated above
1	22e. SIGNATURE	A_M_ 22b, DATE
ı	Souly W Kelly "	ATTENDING TARD, STAFF DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
ı	Dr. Gordon W. Kelley	6124 41st Avenue., Hyattsville, Md.
	230 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	Burie To Dec. 1961 Ft. Lincol	n Cem. Bladensburg, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1) N LES 3004 NT N.	LS- DATE DEC 7: '61 Conday S. Kraus



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1			MARYLAND STATE DEPARTMENT OF HEALTH
	marie 1900		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STA	TEA		14402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH D	EPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edimission) 5. COUNTY 5. COUNTY
ary, age is.			Maryland Roward
S T = E			b. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) write RURAL and give neerest fown)
d of	M		Taurel
Oar Car			Chave no de Name OF HOSPITAP OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
1 2 2 4	. 1	_	Prince George's General Hospital Route 1, Box 5 VES NOT
ation of the stair of the Stair of Stai			NAME OF First Middle Last 4.7DATE Month Dey Year DECEASED OF DECEASED LAST DECEASED LAST DECEASED LAST DECEMBER 1 10 61
To It	~		Defeuer "are
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	T	Λ.	(Accept 7 16 3009 Last birthdey) Months Days Hours Min.
Ter Span		10a	Maje Colored WIDOWED DIVORCED ADP11 15, 1902 59 yrs.
1, 2 1, 2 1, 2 1, 2 1, 2 1, 2 1, 2 1, 2		do	odruck Driver relead Trucking South Carolina U.S.A.
ages 3. P.		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PA PA			The last state of
년 등 등 H		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
d Wijh			s, no, or unkown) (flyesgive werordatesofservice) No. Gertrude EKK Ware; same as # 2
Cuter Item			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
exe in in flong ansi			PART I. DEATH WAS CAUSED BY, IN GOCALCIAL IN FARCTION, OLD & RECENT
l be Denc ce a ce a al-tr			TO DUE TO
ould Offi			Conditions, if eny, which are to mmediate cause (b) Grandry (CClusion)
e sh ing' er's er's			(e), stetling the underlying DUE TO
fical bend min ed a		_	Cause lost. (c) TYPECTENSIVE OF CONTYPY 1701 TEAM 1 VISET) 2 4 211-12 PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16" 18 WAS AUTOPSY
d "p Exa Exa e us	Land	CATION	PERFORMED?
wor wor lical Id b		V U	YES NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18.)
The the Med		ERT	PRIMARY O or CONTRIBUTING O CAUSE OF DEATH.
fing fing s 3			20c. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 1 201. (City or town) (County) (State)
wri wri Pag		MEMIC	Hour e.m. While Not While fectory, street, office bldg., etc.]
EX ale, ale		807	21. I certify that I took charge of the remains described above, held an Autopsy. Inspection . Inquiry . and in my opinion
AT THE SE			death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
DIO e ce ard	2		CHIEF MEDICAL EXAM NER
またい でいる 「Data (Data			ACTUAL SIGNATURE DATE SIGNED M.D ASSISTANT MEDICAL EXAMINER DATE SIGNED
Be be	2		EXAMINER'S DEPUTY MEDICAL EXAMINER 12/1/61
should FUNE!	(/,_		NAME (Type) James I. Boyd Address (Street, c'ty, lown, or county) BURIAL, CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, lown, or country) (Stete)
		220	BURIAL, CREMATION, 22b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle, REMBYLT 1811'y) 12/5/61 Bacontown Cemetery. Laurel, Md.
5 g 4 0 g		23	
VS. A15ME			A. T. A. Bockville, Ma. DEC 4 61 Cirling 2. House
5M 9 60		l	DATE DATE



funeral 24 hours after in by the f s 1 and 2 s fer death carbon papers, Pages I put parthin 711 louis after death. To MATTENDING PHYSICIAN: The law requires that the death certificate be executed that the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paped filed with the State Empt. of Eeath prior to burial, or removal, and in any event. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14403 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY ACTION
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest town) write RURAL and give nagrest town)
Cheverty 18 days X Pper MARL BORD
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) of STREET ADDRESS of STREET ADDRESS of STREET ADDRESS of A STREET ADDRESS
- Prince Georges General RFD Boy 4038 VES NO 1
3. NAME OF Pirst Middle Lest 4. DATE Month Day Year DECEASED
(Type or print) Michael Wedge DEATH 12-24-1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Months Days Hours Min.
MALE Brown WIDOWED DIVORCED NOV. 12, 1961 VIII. 17
10a. LSUA. OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) None 12. CITIZEN OF WHAT COUNTRY Waryland U-S-A-
Notice Notice 10-13
13. FATHER'S NAME
Unk. Wedge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (19. None Nother Sams as # 2
No None Mother Sams as # 2
ONSET AND DEATH
IMMEDIATE CAUSE (a) Checke facto Enterices 3 dgr (;)
DUE TO
Gondations, flany, which gave rise to Immediate cause (b) lakely which
(a), stating the underlying DUE TO Course last. (b) Screen Market Course Landers (c) Screen Market Course Landers
THE PARTY OF THE P
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMEDT PERFORMEDT YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH ETHER, NOTIFY MEDICAL EXAMINER!
20a, ACCIDENT WAS UNDERLYING 1 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) Hour a.m. While Not While at work at work
Hour a.m. While Not While tectory, shear, office order, steel
21. I certify that (I) (this hospital) attended the deceased from Dec. 6, 1961., to Dec 24,, 1961, that (I) (we) last
saw the deceased a ive on Dec 24 1961, and that death occurred at 3. M, from the causes and on the date stated above
228 SIGNATURE 1 22b. DATE SIGNE
Dec. 26, 1961
22c. PMYS CIAN'S NAME (Type) Complex St. Wellow M. D. (510). Light Arrange Hypothesial lo Many and
NAME (1996) Gordon W. Kelley, M. D. 6124 List Avenue, Hyattsville, Maryland 232 BIRIAL CREMATION 1236 DATE THEREOF 236 NAME OF CEMETERY OR GREMATORY 123d, LOCATION (City, Jown or county) (State)
REMOVAL (Spacify) Washington D. C.
burial 1/1/62
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE 258. REGISTRAR'S SIGNATURE
DATE JANS



AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed and the following physician.

TO FUNEL L. DIRECTOR: After this mertificate has been signed by the attending physician and commetely a in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It is and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in army event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Y		E OF DEATH	14372
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived e. STATE NA b. CC	, If institutions Residence before edmission) DUNTY
	b. CITY OR TOWN (if ourselds corporate limits c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim is, v	write PLIP A1 and give pearest town)
i	write RURAL and give nearest town)	Baltimore	ATTIO NOTIFIC ATTION OF THE PARTY
i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	0. IS RESIDENCE
	DUTLAND NINES WE HOPE UN SO White Locales	73712 Woodridge Rd.	ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Me	onth Day Yeer
	(Type or print) Ida the LKW 1	COPALE DEATH	ec. 26 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In ye	1
	F. W WIDOWED A DIVORCED	Hug 2, 1875 86 vis	7710-11112 0093 110413 179116
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTR' dene during most of working I fe, even if retired)	Y 11. PRTHPLACE (County & State, or foreign count	fry) 12. CITIZEN OF WHAT COUNTRY?
	housewile	Md.	USA
/	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	(Unknown) Simmon	Emma Heinle	27800
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II [Yes, no, or unknown] [(fyesgivewerordetesofservice)]		
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Mrs. Marion Sch	mitz bajt., Md.
	BARTA RELEXIANCE CALLERY BY	dia lasten	ONSET AND DEATH,
	Code 11 miles	diac for the	201712
	Conditions, it eny, which by alletterales	d Adterior	10 mes
	gava rise to Immediate cause	a more direction	7
	(a), slating the underlying cause lest.		
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	NAME OF THE OFFICE OFFI		YES NO
	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NO 208 ACCIDENT WAS UNDERLYING 209 ACCIDENT WAS UNDERLYING 200 CONTRIBUTING CAUSE OF DEATH 200 IF FITHER, NOTIFY MEDICAL EXAMINER	, (Enter neture of injury in Part I or Pert II of item 18.)	
i	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e PLA Hour a.m. 19 al work al work	CE OF INJURY (Home, ferm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from.	Werendership Tokken L	65, 1946., that (I) (we) last
		death occured at M, from the cause	
	220. SIGNATURE	ATTENDING A MED. STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. [
	NAME (Typo) PETER DILLIS	6/24 Contract /	ر مال
	236. BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City,	, town or county) (Stala)
	REMOVAL (Specify)	Cem. Balt. Md Carpital	Heights 27 140
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 250. REC'D BY REGISTRAR 25b.	REGISTRATE'S SIGNATURE
	Lee Funeral Home 300-4th St. N.E	DABEC 2 8 '61	Littley S. Herra



TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected to 24 hours after a feet of may be retained by the hospital or attending may sician.

TO FUNDAGE DIRECTOR: After this certificate has been signed by the aftending physician and completely ad in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers for 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

VR A15 (4, 15M 7/6)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	_	14405	IL OI DEATH	14373
5		PLACE OF DEATH	2. USUAL RESIDENCE (Where de	ceased lived, If Institution: Residence before edmission)
		e. COUNTY	a, STATE Magazia and	b. COUNTY Prince Cearce
	<u> </u>	Prince George MARYLAND b. CITY OR TOWN (if outs'de corporate limits, LENGTH OF STAY IN 1b		proto limits, write RURAL and give hearest town
	1	write RURAL and give nearest town)	<i>.</i>	Neto Hillis, wish KORAC and Give hoorest lowing
		Riverdale	1 College Park	L474 - Marches
id:		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
		Leland Memorial	" 9137 Poltimore	
	3.	NAME OF First Middle	Last 4. DATE	Month Day Yeer
r		DECEASED (Type or print) Samile]	itehead DEATH	Ten, 16, 19 67
ŧ	-5		DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		1. HOLINGE TILLIAN HOLINGE TILL	1 2594	last birthdey) Months Deys Hours Min.
	10.	INTERIOR WIDOWED WIDOWED DIVORCED UNDUSTRESS OR INDUSTRESS	(1-23-7)U	
	do	peduring most of working life, even if retired)	Y 11. BIRTHPLACE [County & State, or I	,
		about maker Wood work	Maryland	11.S.1.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		William H. Whitehead	Sarah MacDonald	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NPORMANT 0	Address 127 Baltimoreas
	1110	is, no, or unknown) (Hyosgivewerordetesofservice) 578-03-62479MA	a florence Sall	order proper Oh mad
	1-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)		I INTERVAL BETWEEN
			00 0	ONSET AND DEATH
		IMMEDIATE CAUSE (0) Chematory	llapse and	gever
		== 1 X DUE TO	2	90
		Conditions, il eny, which 16) Cerebrowacu	der accident	- loays
		geve rise to immediate cause [a), stating the underlying DUE TO		
e (cause last.		
,	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	
	E I			PERFORMED?
	FICATIO	200 ACCIDENT WAS UNDERLYING 1 206, DESCRIBE HOW INJURY OCCURED	. (Enter nature of 'njury in Pert I or Pert II)	
	CENT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the property of the tark	- 115.00 / O.1
				To the second
	NS/L		CE OF tNJURY (Home, ferm, 201. (City ory, street, office bldg., etc.)	or town) (County) (Stets)
	MEDI	p.m. 19 et work at work		
		21. I certify that (I) (this hospital) attended the deceased from	nee 7 196/ 101	le. 6, 19.61, that (1) (we) last
		saw the deceased alive on Dec 16 196/ and that	death occured at 2.2M. from	the causes and on the date stated above.
		22e SIGNATURE		22b. DATE
		Ronald & Krum mo M	ATTENDING MED.	1 STAFF /2 -16 -6 / S GNED
		22c, PHYSICIAN S	22d. ADDRESS	
		NAME (Type) Ronald F. Knum, M. J.	1.1 08 Mieenshu	ry Road, Riverdale, Md.
	-	BURIAL GREMATION 236 DATE THEREOF 23c, NAME OF CEMETERY	OB COSHATORY 1224 1004	ATION (City, town or county) (State)
		KREMD SAY (Specify)		and fact to see or feeting) (State)
		Burial Dec. 19, 1961 St. John's		sville, Maryland. —
	24	FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGIST	RAR 256. REGISTRAR'S SIGNATURE
	10	V.W. Chamber Co. Varencelli	PAD€C 2 0 '61	Oralua & Heart



1		2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
		A .		14406 CERTIFICATE OF DEATH
Page 4	l director, filed with	1	1 1	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) b. COUNTY b. COUNTY TEANULUSE TO THE TOTAL STATE TO THE TOTA
death	funeral and be fi	<i>)</i>	2	CITY OR TOWN (If outside corporate limits, Write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 13 Hiller L. Hights
9	a Duck	X	5	d NAME OF HOSPITAL (If no) in hospita, give street address) OR INSTITUT ON 403-24th avenue on a farm? YES \(\) NO IX
22	filled in ges 1 an	×)	1 1	NAME OF DECEASED (Type or print) Clara C Middiffillera 4. DATE OF DEATH 12-249 1961
d within	P P P		5.5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE of BIRTH 9. AGE (In yeors IF JNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED H27 18 78 Winner
execute	nd cample an papers. haurs aft		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. EIRTHPLACE (Sible or foreign country) 12 CITIZEN OF WHAT GOUNTRY? Hous working life, even if retired) At home Howard City, Mich LI
cate be	sician a re carbo rithin 73		(Elal B. Wilberg Lega Clson
r certifi	ing phy e remar		15 (Yes	WAS DECEMBED EVEN IN U. S. ARMED FORCES? 16. SOGAL SECURITY NO. 12 (NORMANT aura Carry Sinter
ne death	attendi en pleas I in any			18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of Death ONSET AND DEATH CAUSE OF DEATH ONSET AND DEATH CAUSE OF DEATH ONSET AND DEATH
s that t	d by the nit. The val, and			Conditions, if ony, which) (b) Anterior de ples Here Felera 36 lace
require an.	n signed h isit permit ar remava	Κ		gove rise to immediate couse (a), stating the under-tying couse last.
he law physici	has beer rral-tran nation, 4	J	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T	ificate I the bu		AL CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at	this cert r use as		MEDIC A	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not whire of work
NDING e hasp	: After ched fo			2) I certify that (I) (this haspital) attended the deceased fram. 1-10-1957 to 12-2-4, 1961, that (I) (we) last saw the deceased alive an 12-2-4, 1961, and that death accurred at 140 M, fram the causes and an the date stated above
R ATTE	ECTOR be deta af Hea	1		220 SIGNATURE David & Fordon M.D PHYS MED DIRECTOR PHYS 12 12 724-61
G.	shauid e Board	,		Parkway; S. L. AVID S. GURGON (Hashington 2), De J. S.
may be	O FUNE page 3 sh the State		230	minute 12/28/6/ amble Cemetery Omble, midlingan
VR A	⊬ 15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE JADDRESS MIT Rainis 260 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE JADDRESS MIT RAINIS DATE EC 2 8 '61 7.9 From
15M	9/59		7	Inc.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yad, If institution; Residence before adm V a. COUNTY CQUNTY Prince George's Prince George's \$ 2 4 MARYLAND pue b. CITY OR TOWN (if outside corporete I mits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town! 2h days Fairmont Heights Cheverly hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS - 59th Avenue Prince George's General Hospital 3. NAME OF DATE Month DECEASED comple OF (Type or print) DEATH George A. Wood December carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARR ED AGE (In years , IF UNDER I YEAR and lest birthday) Male olored WIDOWED K DIVORCED remove and 1De USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Ketineo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17 INFORMAN' [Yes, no, or unknwn] (If yes give wer or dates of service) Walten R. Wood 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY-Uremia IMMEDIATE CAUSE (a) Bilateral hydroureter and hydronephrosis **burial-transit** Conditions, feny, which Carcinomatosis (b) has been geva rise to immediata cause DUE TO (a), sleting the underlying Carcinoma of the Prostate Gland cause last. as the t: After this certificate detached for use as the PART II. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 208. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18, OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 720d, INJURY OCCURRED 2De PLACE OF INJURY (Home, ferm, 2Df. (City or town) fectory, street, office bidg__atc.) While Not While Ä at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from..... 11/21 19**61**. to . . . , and that death occured at 2:05%, from the causes and on the date stated above. 19.61 saw the deceased alive on ... P.M. 22a. SIGNATURE ATTENDING Jours DRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS ector, 23a, BUR AL, CREMATION, 23b LOCATION (City, town or count 23d. 节器 0 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

AND STATE DEPARTMENT OF HEALTH

a. IS RES DENCE ON A FARM?

YES NO

Yes

19 61

INTERVAL BETWEEN ONSET AND DEATH

> months months

., 19..61 that (I) (we) last

PERFORMED? NO

(State)

DATE

(State)

SIGNED

IF UNDER 24 HRS.



Lee. Funeral dome 300.4th st N E. Wash. D Gage

MARYLAND STATE DEPARTMENT OF HEALTH

PG

Day

Days

(County)

Circlian S. Thank

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO .

> > (Steta)

22b. DATE

(State)

SIGNED

Yweeks

12. CITIZEN OF WHAT COUNTRY?

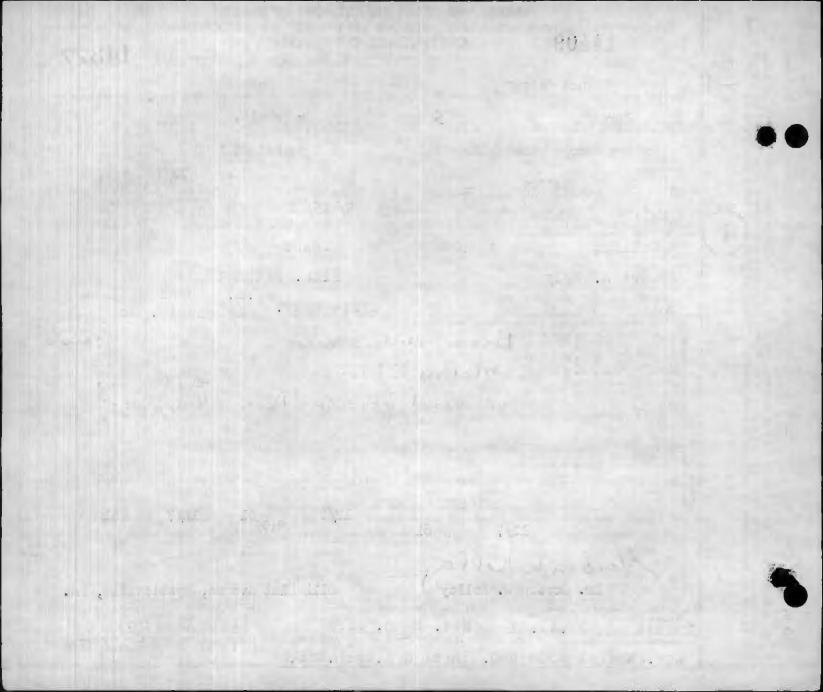
IF UNDER 24 HRS.

ON A FARM? YES NO TY

6]

certificate that the

> VR A15 (4) 15M 9/60



TO FUNERAL TO HOS

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14378

1: PLAC o. CC	e of DEATH	e George	8	MARY		o. STATE	rce (Wh		lived. If insti b. COUN	itution: Re	esidence l	rigo S	sion)
b. C1		f outside corporate li		c. LENGTH OF STAY	IN 15	Forest			rote limits, wri	te RURAL	ond give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 211- One ide Way						d. STREET ADDRESS 211- Oneida Way			1			e. IS RESIDENCE ON A FARM? YES NO	
	E OF ASED or print)	DANIEL	First	Middle F.	2	UBKO Last		4. DATE OF DEATH	Dec.	Month 12	th	Day	Yeor 19 61
S. SEX	.0	6. COLOR OR RAC	WIDOWE	NEVER MARRIE		ATE OF BIRTH	191		9. AGE (In ye	ors IFU (y) Moi	NDER 1 Y	YEAR IF UND	ER 24 HRS Min.
Ne	UAL OCCUPATION IN DOCUMENT IN	ing life, even if retire	ed)	kind of Business o	ligen	-					2. CITIZEI	N OF WHAT	COUNTRY
		ubko				Unkne		- MILL					
15. WAS (Yes, no. 1	DECEASED EVE or unknown)	R IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	Marg	rmant aret M.	Zub	ko (Address Same	as	#2.	
g c co lyi	284 anditions, if o over rise to it use (o), stoting and couse lost. Part II. OThere	the under-	(b) P	criarterionic de la contributing to DEA	eseade			NAL DISEASE	CONDITION	GIVEN II	N PART I	(o) 19. WAS	AUTOPSY
CERTIFICATION 41) 20°C 80°C	. ACCIDENT WA	S UNDERLYING CAUSE OF DEAT	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter noture of in	njury in P	ort I ar Port	II of item 18.)			NO [
	County C												
21. I certify that (I) (this haspital) attended the deceased from 1257. 19 to 12-12 sow the deceased alive on 12-12-1961., and that death occurred at 12 M, from the causes and a 220. SIGNATURE 220. SIGNATURE 221. I certify that (I) (this haspital) attended the deceased from 1257. 19 to 12-12 to 12-											n the d		d above 26. DATE SIGNED
230. BU Bus	RIAL, CREMATIC MOVAL (Specify)	Dec. 15		23c. NAME OF CEME	ETERY OR C	REMATORY		23d. 10CA1	non (City, tov	vn, or cor	_{unty)} / gini	(Sto	
24. FUN	ERAL DIRECTOR		Ther	Tool- G	d. Hor	e Rd SE		BY REGIST 1 4 '6'			R'S SIGN		

WITH THE Day Service Bridge Starte en which -life val ablast after AND SEE THE PROPERTY OF THE PARTY OF THE PAR The second Part San . The Table Salitarna Catalog .1 , A _ _ = et Cher Lie 51 Antincte | Ortonia APPENDED THE SHELLING THE ALL PROPERTY AND ADDRESS OF